



OPIOID 101

A Guide for Responding to the Opioid Crisis

This guide was created to help people understand Vancouver's opioid crisis and what it means for the disproportionately affected urban Indigenous population that lives here.

It was designed to educate Indigenous service providers and clients about comprehensive substance use issues and healing options. The information provided focuses on community strengths and supports resiliency in action.

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Section 1: Introduction

The following information was collected by the Metro Vancouver Aboriginal Executive Council (MVAEC). MVAEC is an umbrella organization and acts as a community voice on behalf 25 urban Indigenous non-profit organizations and the 70,000 urban Indigenous residents in the Metro Vancouver area. In June, 2017 MVAEC established the Urban Indigenous Opioid Task Force (UIOTF) to assemble community leaders in the Indigenous and public health communities. The observations and recommendations provided were gathered by UIOTF members to ensure the voice of the urban Indigenous community was recognized and heard.

What are Opioids? substances that act on opioid receptor to produce pain-relieving, morphine-like effects

What is Fentanyl? a synthetic, short-acting narcotic analgesic and sedative used pharmacologically in anesthesia and is also known as an illicit drug

What are Fentanyl Analogues? a drug that is a derivative of a parent chemical compound that differs from it by a single element

People Who Use Substances

Stigma: refers to negative attitudes (prejudice) and negative behaviour (discrimination) toward people with substance use and mental health problems

Cultural Safety: an environment that is spiritually, socially and emotionally safe, as well as physically safe for people where there is no assault challenge or denial of their identity, of who they are and what they need

Cultural Humility: a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust

What is Harm Reduction?

Harm Reduction: involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier

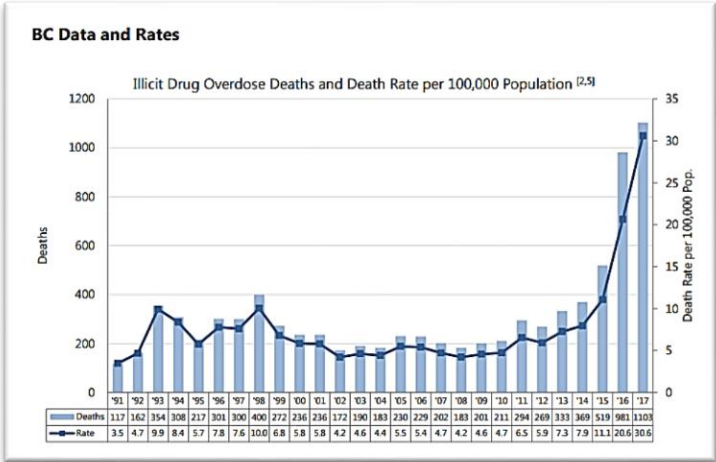
Abstinence-Based Treatment: a treatment model for drug addiction based on the notion that addiction is a disease and an addicted person can recover as long as he or she maintains lifelong abstinence from using these substances

Red Road Recovery: a treatment model combining the traditional teachings of Indigenous people with the 12-Steps recovery program

Culture as Treatment: incorporating traditional healing practices and cultural values into otherwise western programs

Introduction

Since BC declared the overdose crisis a public health emergency on April 14th, 2016, many people have been wondering what it's all about. There have always been drug overdoses, but never at the alarming rate we see now. The graph below shows that overdose deaths remained under 400 a year until they rose significantly up to 519 in 2015. In 2017 this number more than doubled to 1,103 deaths. Overdose is now the leading cause of unnatural death in B.C. and one of the top 10 causes for death overall.



Indigenous people have been overrepresented the most by this epidemic. According to *First Nation's Health Authority (FNHA)*, **First Nations peoples were involved in 10% of overdose deaths even though they only represent 3.4% of the population.** In Vancouver, First Nations people are almost 10

times more likely to die from overdose than non-First Nations people. For any response to the opioid crisis to be impactful, supporting the urban Indigenous community must be a top priority.

Initiatives must urgently be put in place and sustained to protect people from overdose. Indigenous people rank highest for all negative health statistics in Canada. Many believe this is because of the long history of injustices and mistreatment made against Indigenous people by colonizers and modern government. The opioid crisis is a symptom of bigger social problems so thinking about how to tackle or “solve” the opioid crisis can seem impossible.

It is difficult to know where to begin. Intergenerational trauma, Vancouver's housing crisis and youth & child care are all complex factors contributing to the crisis that will take time to sort out. In this time of emergency, the immediate focus is placed on saving lives by increasing peoples' understanding of what harm reduction is and what

treatment options are available. The non-profit service sector is extremely sensitive to changes in governments' social spending budgets. Pilot services may be introduced and then cut leaving clients displaced. This fluctuating system creates a lot of inconsistency and uncertainty for both the clients seeking services and for the workers providing care. Workers may be facing increased demands at their job without extra time or wages. *Frontline Worker Burnout* is a serious risk amid the opioid crisis that can be toxic for the worker themselves, their clients and the organization they work for.

Although this is time of overwhelming hardship and tragic loss, it is also a time of action. Canada's leaders can no longer ignore the deaths and recognizes that the community voices must be heard when formulating solutions. BC is now the first province to have a Ministry of Mental Health & Addictions and is on of the global pioneers of harm reduction research. Now is the time to understand the reasons behind the opioid crisis and why Indigenous people are so disproportionately affected. Strategies aimed to keep Indigenous people healthy will benefit everyone and make all Canadians healthy.

It can be incredibly time consuming to research and understand all the complexities of the opioid crisis. This guide is designed to get people up to speed on what they need to know so they can avoid doing extensive background research and can focus on creating, delivering, and accessing services.

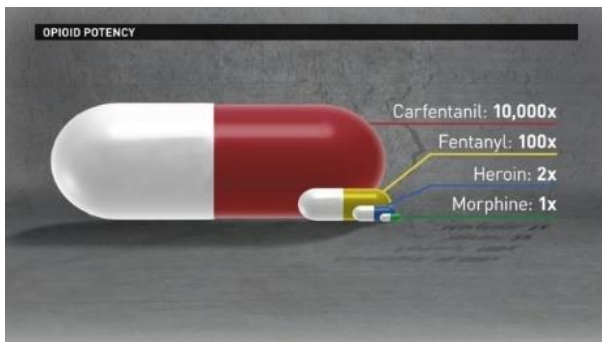
By sharing knowledge and resources, the burden of the crisis can be shared in a collective effort rather than each organization attempting to solve the crisis independently.

This guide is an introduction to identifying gaps of knowledge at the individual, community and systemic levels. The purpose is to inform the public about what the needs are for the urban Indigenous community, what's been working, and what still needs to be improved. A resource list of mental health and addiction services has been included at the end of this guide along with a glossary of definitions.

What are Opioids?

Opioids are a type of depressant that can slow the body down make people sleepy. They may be legally prescribed or used illicitly to reduce pain, manage opioid dependence or produce a state of euphoria/relaxation. Common opioids include heroin, fentanyl, oxycodone, codeine, morphine, methadone and hydromorphone.¹

WHAT IS FENTANYL?



The opioid crisis is sometimes referred to as a “*fentanyl poisoning*” or “*crisis of contamination*”. The introduction of fentanyl into the street drug supply has caused the dramatic increase of deaths. Fentanyl is a synthetic (man-made) opioid that has medical uses and can be prescribed by a physician to help control severe

pain. In recent years, however, it is also being produced in illegal overseas labs and sold on the streets. The risk of having an accidental overdose becomes much higher because fentanyl is far more toxic than most other opioids. It is especially dangerous when combined with other opioids, alcohol, benzodiazepines (Ativan), or cocaine, or methamphetamines (speed). It’s impossible to know what drugs contain fentanyl without drug-checking because the smell and taste of fentanyl is undetectable. It may be cut into powders or pressed into pills prior to being sold. We know that fentanyl is being laced into most **illicit drugs** including heroin, cocaine, oxycodone, crack or meth because it was **found in 80% of street drugs tested in 2017 at Insite.**²

FENTANYL IS 20-40X MORE TOXIC
THAN HEROIN AND 50-100X MORE
TOXIC THAN MORPHINE

¹ www.towardtheheart.com

² <http://towardtheheart.com/assets/uploads/1498514304Rr62Qh7sdU8s7eUJAzF1P7aL7WEEmtbNhy pbVhb.pdf>

Fentanyl is a problem in Vancouver because it is cheap to manufacture and extremely profitable for distributors. The rise of painkiller prescriptions in the early 1990s created a mass market for opioids and the demand for cheaper and stronger substances has grown. Fentanyl's high concentration allows for the drug to enter into Canada easily from overseas countries like China because packages weighing less than 30 grams cannot be searched. As a result, fentanyl can easily be purchase on the Internet and arrive in the mail.³ At this point in time, stopping fentanyl from entering into Canada is not considered to be a realistic option.



These drugs may contain toxic contaminants or have different levels of fentanyl in each batch. Even pills produced in the same batch may have little to lethal levels of fentanyl. In the photo to the left, the blue represents fentanyl in a demonstration of how the drug is concentrated in "hot spots."⁴ As seen here, one section of laced powder may have very little fentanyl while another area may be extremely lethal.

What are Fentanyl Analogs?

Some news headlines warn of other dangerous drugs entering into Canada that are deadlier than fentanyl. These drugs are often analogs, drugs designed to mimic the pharmacological effects of the original drug. Carfentanil is the most common fentanyl analog and was developed for use by veterinarians for tranquilizing large animals and is 10,000 times more potent than morphine. It has also been found as a cutting agents in cocaine, heroin, and methamphetamine. Other less commonly found fentanyl analogues in BC are Furanylfentanyl, U-47700, and Cyclopropyl Fentanyl.⁵

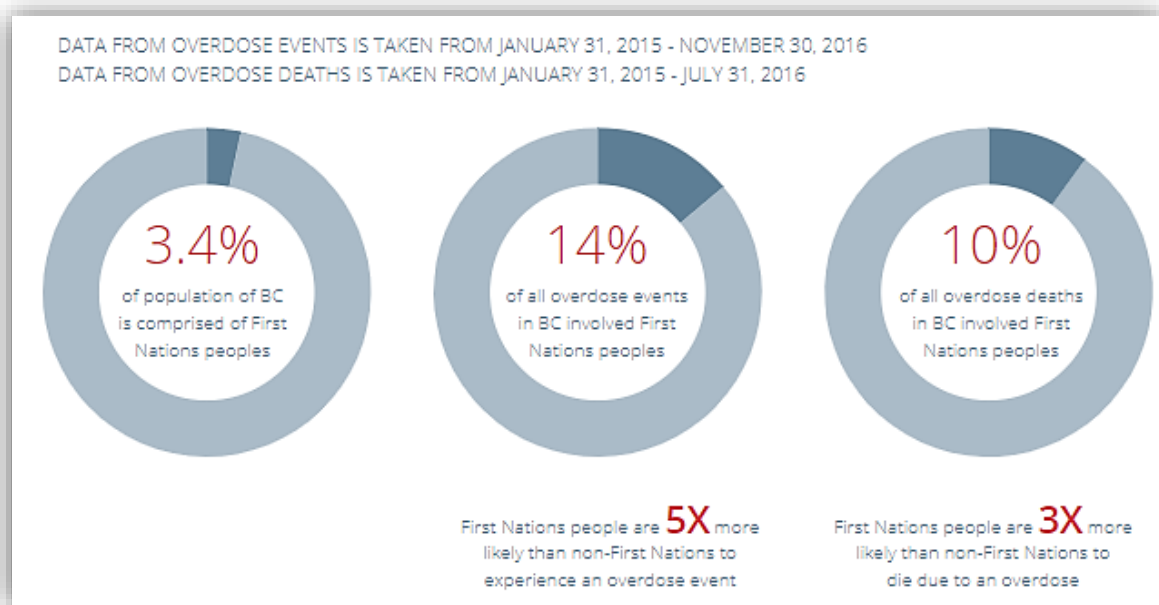
³ <http://vancouver.ca/police/assets/pdf/reports-policies/opioid-crisis.pdf>

⁴ Photograph By DARREN STONE, TIMES COLONIST <http://www.timescolonist.com/life/pill-press-crackdown-needed-in-b-c-police-say-1.2281992>

⁵ Photo: <https://www.allisnow.com/addictionrecoverytn/wp/drugs/what-is-fentanyl/>

WHO IS MOST AFFECTED?

Overall, 80% of overdose deaths are male and over half occurred in private residences. For Indigenous people, the difference between genders is much less with 52% of the overdose events affecting men and 48% women⁶. **First Nations women are 8X more likely to experience an overdose event compared to non-First Nations women.** Although there is heavy emphasis placed on serving the disproportionately affected men, for Indigenous people, equal support should be given to men and women.



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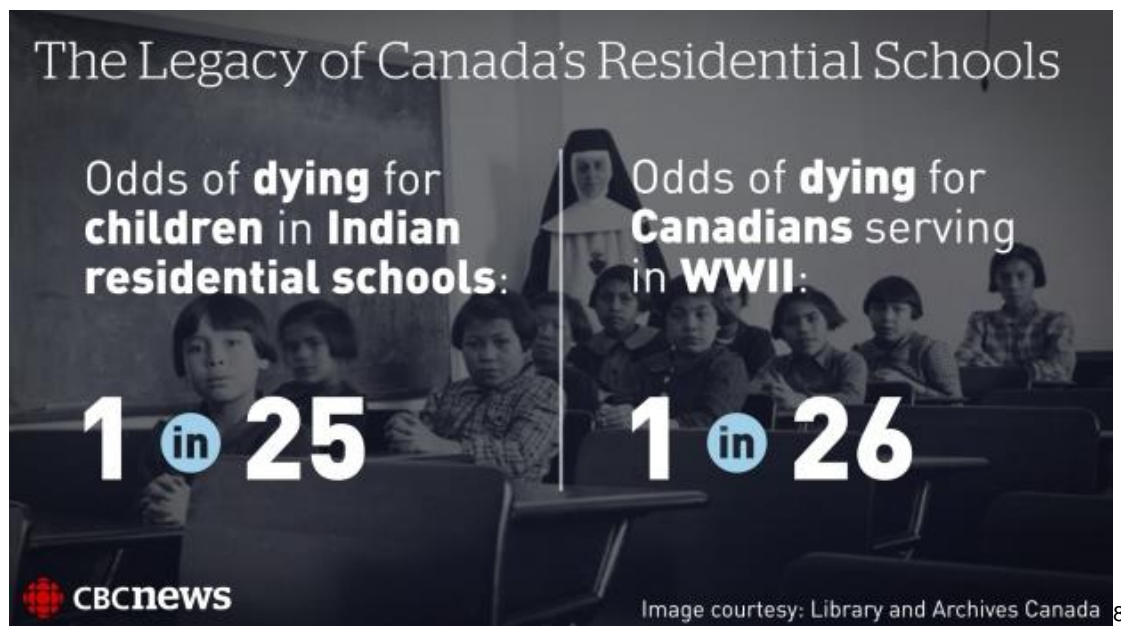
Possible reasons for increased substance use in BC's First Nations communities is due to the ongoing legacy of colonization. The Canadian government had a long standing mission declared by Sir John A. Macdonald to "*take the Indian out of the child*". This notion assumed that it would be in the best interest for Canadians if Indigenous people were assimilated into the colonial system. This organized effort to abolish Indigenous culture has been called *Cultural Genocide*. To do this, it became illegal for Indigenous people to practice their traditional language, customs and ceremonies. More than 150,000 children were placed in *Residential Schools* from 1883-1996. In the 1960s,

⁶ BC Coroner's Service, 2017

⁷http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

over 20,000 Indigenous children were adopted out to white families. The separation of children created devastating pain of loss for the parents. Many children of residential schools endured sexual and physical abuse while they were made to feel ashamed of their native heritage.

Assimilation was doomed to fail because Indigenous children were denied the right to adopt their natural identity and systemic racism inhibited them from being accepted into colonial society. Residential Schools also failed to provide students with life skills that are usually taught in the home. When Residential School Survivors had children of their own, many lacked the parenting skills necessary. It is predicted that it will take nine generations to reconcile the trauma inflicted by the Residential School system.



Mental illness, trauma, developmental disruptions & transition from government care are significant predictors of substance abuse. This history of systemic racism has created mistrust within the Indigenous community that prevents people from reaching out to access mental health and addiction support.⁹ Unfortunately, instances of racism within the healthcare system sometimes still happen. For example, some Indigenous people have reported being denied service when experiencing symptoms of acute mental

⁸ <http://www.cbc.ca/news/indigenous/truth-and-reconciliation-commission-by-the-numbers-1.3096185>

⁹ http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb.pdf

illness like psychosis, because workers assumed the person was intoxicated and was being a nuisance.

Vancouver may appear to be an attractive home because of its climate and access to education, employment, & opportunity. Many Indigenous people migrate to the city from reservations, but the high cost of living, culture-shock, and systemic racism may prevent people from acquiring a stable lifestyle. Some people come to Vancouver with little or no savings without realizing the high cost of rent and may lack the skills necessary to gain living-wage employment. This group is vulnerable to being taken advantage of and may have to resort to survival sex work, crime and/or homelessness to live in this city.

Despite these known hardships, many Indigenous people have maintained healthy home lives and attained meaningful careers. Access to Indigenous culture and practices is growing and people are finding community and belonging in urban centres.

For more Information:

To Learn More About the Overdose Crisis in Metro Vancouver

Toward the Heart

- Toward the Heart is a project of the Harm Reduction Program. There are resources on Naloxone, Training, Safer Sex & Drug Use, and a Harm Reduction Site Locations
 - www.towardtheheart.com

City of Vancouver

- Report on the opioid crisis in Vancouver “*The Opioid Crisis: The Need for Treatment on Demand*”
 - <http://vancouver.ca/police/assets/pdf/reports-policies/opioid-crisis.pdf>

Fraser Health Authority

- Report on the opioid crisis in the Fraser Health area “*The Hidden Epidemic: The Opioid Overdose Emergency in Fraser Health*”
 - [https://www.fraserhealth.ca/media/20180122_Hidden_Epidemic_FH_CMH_O_2017_Report\(1\).pdf](https://www.fraserhealth.ca/media/20180122_Hidden_Epidemic_FH_CMH_O_2017_Report(1).pdf)

To Learn More About First Nations Health and Truth & Reconciliation:

First Nation’s Health Authority

- The BC First Nations Health Authority is the first province-wide health authority of its kind in Canada
 - www.fnha.ca
- Report on the Preliminary Findings “*Overdose Data and First Nations in BC*”
 - http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

National Centre for Truth and Reconciliation

- In order to redress the legacy of residential schools and advance the process of Canadian reconciliation, the Truth and Reconciliation Commission makes 94 Calls to Action
 - www.trc.ca
 - http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

Indigenous Cultures... **HEAL STIGMA**

Addiction is not a moral issue. Nobody plans to become addicted.

Fentanyl is making fatal overdoses more likely.

Some Indigenous people may use substances to numb pain.

These deaths affect our whole community.

Talk to your loved ones
about substance use.

Support people
on their healing journey.

Local Contact:



www.mvaec.ca

For More Information Please Contact:

In Metro Vancouver:

Vancouver Native Health Society Clinic:
449 E Hastings St. - **604-255-9766**

Vancouver Aboriginal Friendship Centre:
1607 E Hastings St. - **604-251-4844**

Fraser Region Aboriginal Friendship Center:
A101 - 10095 Whalley Blvd, Surrey -
604-595-1170

Urban Native Youth Health & Wellness Centre:
1618 E Hastings St. - **604-254-7732**

Lu'ma Medical Centre:
2970 Nanaimo St. - **604-558-8822**

KUU-US Crisis Line Support Service (24/7): First Nations and Aboriginal Specific Support **1-800-588-8717**

www.towardtheheart.com www.fnha.ca/overdose www.vch.ca/overdose
www.fraserhealth.ca/health-info/mental-health-substance-use/



People who use Substances

Stigma



Stigma is the belief that someone is less deserving because of a certain characteristic. This can happen between one person and another but stigma can also be perpetuated by institutions and services. There can be several factors that add to the negative stigma people experience, for example, it can be based on gender and gender identity, race, poverty and homelessness, mental health issues, sexual orientation, or HIV status, etc...

A person can also inflict stigma on themselves if (s)he feels a sense of shame over a behaviour or attribute. For example, someone who uses drugs may internalize the stigma directed towards them and view themselves as being a bad person and undeserving of support. Sometimes stigma is directed towards a person by being associated with someone else. This type of stigma may be particularly difficult for family members of those who use drugs.

People use substances in a variety of ways and for numerous reasons. Not everyone who uses drugs fits the stereotype image of a hard-nosed criminal. They can be people who have an injury, are given pain medications to recover and develop a dependency. They can be seniors who also become dependent on sleep medications or others. It is argued that all people engage in addictions or habits to varying degrees. For some, their addiction may be coffee while for others it is weekend binge-drinking, sugary snacks, the list can go on. A significant portion of the population takes illicit drugs recreationally, but for those with more severe addictions, drugs contaminated with lethal fentanyl are less expensive and more accessible. This is why there are supervised consumption sites and new guidelines for administering prescription-grade opioids and injectable heroin – so people can use safely without dying.

In the 1990s, the War on Drugs campaign recommended that people “*Just say No*” to drugs and it inflicted harsh criminal penalties on those people who were users. It was thought the using drugs was an individual’s choice and, therefore, the person must take responsibility for the consequences of their decisions. These consequences were often legal – “*if you do the crime you do the time*”. Today, many people still share the attitude that people who use substances are deserving of all the associated hardships that come to them. People who use drugs may be morally labeled as “bad” and this has been reinforced by the legal system, social economic system and media. These views are misguided and are usually formed without understanding the complex circumstances and traumas that often lead to problematic substance use.

Many marginalized people have a combination of these stigmas. An Indigenous person who uses substances may face stigma based on their race and addictive behaviour. This can contribute to an ongoing cycle of using in order to cope with the feelings of isolation caused by marginalization. An effective community response to the opioid crisis needs to be aware of the underlying root causes that can bring a person to drug use and misuse. Due to the traumatic history of assimilation and cultural genocide, addiction escalated in Indigenous communities. It is common for people suffering from addiction to have experienced severe pain and trauma. They may be seeking escape from the pain in anyway they can. There are deep-rooted stereotypes against Indigenous people that are reinforced with derogatory language.

It is important to note that not all people who use drugs are addicted or dependant on using them. People who use substances face stigma because there is a common perception that those using drugs choose and, therefore, are responsible for their circumstances.

Positive Effects of De-stigmatization

The good news is that attitudes are changing. When people learn more about drug use, they can begin to have healthy conversations about substance use. There is a myth that if you talk about using drugs with someone, they may be more likely to go out and do it. The truth is that people are more likely to take care of themselves when they are informed and have someone to talk to.¹⁰

There is a belief that a person must hit rock bottom and lose everything they value before they will ask for help with substance abuse. This may be true for some, but not everyone. We have now learned that the addiction is a disease of isolation and loneliness. One of the best medicines for addiction is connection. If you know someone who is struggling, you are encouraged to love them unconditionally and respect who they are as a person. This is not the same as enabling, or to accept someone's harmful actions. We can still maintain our boundaries while giving love and respect at the same time.

Talking to someone about substance use may help them feel safe and connected. Let the person know that you care about them and that you value their life.¹¹ The person you talk to may feel less alone and will be more open to asking for help.

Cultural Safety and Humility

The history of poor treatment towards Indigenous people has created feelings of mistrust against healthcare institutions and professionals. Some people may avoid getting care altogether and will only access support if it's their last option. In order to reverse stigma and racist practices in the health care system, staff are receiving *Cultural Safety* or *Humility* training. After receiving this education, service providers should have a better understanding of the complex issues surrounding their Indigenous clients so that they can work toward creating a safe environment for Indigenous people. According to FNHA, *Cultural Safety* is an outcome based on respectful engagement that recognizes and strives to address power imbalances in the healthcare system. It results

¹⁰ <https://www.stopoverdose.gov.bc.ca/>

¹¹ [http://www.fnha.ca/wellness/wellness-for-first-nations/mental-wellness-and-substance-use/substance-use-\(alcohol-narcotics-solvents\)](http://www.fnha.ca/wellness/wellness-for-first-nations/mental-wellness-and-substance-use/substance-use-(alcohol-narcotics-solvents))

in an environment free of racism and discrimination, where people feel safe when receiving health care. Cultural humility, on the other hand, is a process of self-reflection to understand and systemic biases to develop and maintain respectful processes and relationships based on mutual trust. Practising cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

These types of training appear to be a step in the right direction for addressing stigma and racism directed towards Indigenous people. Creating a safer space should ideally make accessing services and more comfortable so that clients receive better care and develop trust with the healthcare system. This is particularly relevant to the opioid crisis because better access to supports may result in more lives saved.

What is Harm Reduction?

Harm Reduction

When it comes to choosing services for substance use support, there are many options. Throughout the 20th Century addiction support has been largely abstinence-based. This means that clients were expected to refrain from using all drugs & alcohol to adopt a sober lifestyle. Fentanyl contamination in the supply of street drugs has significantly increased the likelihood of an overdose for people who use drugs. The *Just say No* approach is not working because people already addicted to opioids will have acquired a physical dependence to the drugs and can become very ill when they go into withdrawals. Complete abstinence is not always the simplest option.

The view of *Harm Reduction* accepts the fact that people are going to use drugs and have the choice to use them. Educating people to help them use safely aims to minimize death, disease and injury. This approach does not pass judgment or shame towards people who use substance and recognizes the value of the person before addressing the behaviour. Removing judgment and stigma actually reduces deaths because people are more willing to discuss their challenges with addiction and seek medical help when they are not feeling shamed.

For FNHA's Indigenous Harm Reduction Principles and Practices, please see their fact sheet on pg.80.

Harm Reduction & Abstinence-based Treatment

In the beginning, people are inclined to view substance treatment as a linear model, but the reality is much more complex. There is a common belief that people with addictions can go to treatment or rehab for 28 days and leave sober with all their problems “fixed”. *Abstinence-based treatment* views addiction as a disease that can be managed with professional and peer support. It suggests that people can recover from addiction as long as they do not engage in their addictive behaviours. Some people may be inclined to view addiction as a disease and substance-use is a symptom. In this case, success might be defined as complete sobriety where there are no longer symptoms of using behaviours for an extended period of time or for the rest of one’s life. There are many services and programs that support the abstinence-based model available for people who have a desire to stop using drugs completely.

In this time of crisis, it is good to have as many options as possible available to anyone who may be at risk of experiencing an overdose. This can be difficult for some people to reason with, especially if they have had personal success with the abstinence model. Suggesting anything other than abstinence may shake the foundation their recovery is built upon. When providing substance use care, it is important to recognize that everyone is on their own personal healing journey and addiction treatment is not one-size-fits-all. Rather than thinking that there are only two options for recovery, *harm reduction or abstinence-based*, it is more realistic to acknowledge the multiple options that exist within the entire spectrum of addictions care.

For many people using substances, recovery is not a linear process and complete abstinence may not be the desired endpoint. Slips and relapses are usually a part of the process. There are others that may be physically dependent on more dangerous drugs like heroin that are more likely to be laced with lethal fentanyl. In these situations, access to safe, uncontaminated opioids may be a step towards a healthier life. Once in an opioid maintenance program, someone might take further steps to reduce their opioid dosage or quit altogether.

The *harm reduction approach* offers a variety of ways to help keep people safe when using drugs. Providing options for safe substance use is different than enabling someone, or encouraging them to use. Instead, it is a way of supporting and caring for people who may be at risk of harming themselves. Harm reduction practices can help save lives. It is necessary to recognize that the opioid crisis is having the most severe effects on people who use multiple kinds of drugs daily.

Some might argue that harm reduction is a form of enabling that supports people's unhealthy use of substances. Evidence has shown that harm reduction like supervised sites and opioid replacement therapies saves lives, improves health, and does not increase substance use.¹²

Regardless of choices made, the rising overdose epidemic is taking place because of fentanyl-contamination. While the debate about harm reduction and abstinence-based treatment carries on, people are dying at an alarming rate. It is recommended that service providers promote the safety of their clients by meeting them wherever they are at on their substance use or recovery journey. A wide range of accessible options will help keep people alive amidst this time of crisis.

Red Road Recovery

Some people may be aware of "*Walking the Red Road*" and associate this with the AA recovery model of sobriety. These two ideas have been sometimes merged together and the assumption has been made that if someone is practicing sobriety than they are walking the Red Road, therefore, if someone is walking the Red Road, then they must be sober. It is important to know that these two concepts are independent from one another. The Red Road is a practise that goes far beyond sobriety in history and in practice.

Walking the Red Road describes a way of living in balance (mentally, physically, emotionally & spiritually) within the Creator's instructions.¹³ Those walking the path are in search of self-discovery and adopt the principles of truth, humbleness, respect,

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5685449/>

¹³ <http://nacwr.blogspot.ca/2011/07/walking-red-road.html>

friendship and spirituality. Indigenous Elders and Leaders are the knowledge holders who have the experience to provide a guide these instructions for living.

There is also a difference between being “On” the Red Road and “Walking” on it. If someone is attending ceremonies and sweat lodges or know the songs and traditions, they may be on the Red Road. However, to walk the Red Road, much more is necessary and these practices require action in all aspects of life.

Culture as Treatment

Similar to the Red Road philosophy, *Culture as Treatment* is a scientifically-researched theory that suggests that healing from addictions for Indigenous people is rooted in cultural interventions.¹⁴ This healing model is based on the *Indigenous Wellness Framework* and addresses wellness in a holistic sense – mind, body, emotion, & spirit. These interventions may be regionally and culturally diverse and are appropriately led by individuals sanctioned to facilitate cultural activities.

“Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Central to wellness is belief in one’s connection to language, land, beings of creation, ancestry, supported by a caring family and environment.” – Elder Jim Dumont, Definition of Wellness^{15 16}

The opioid crisis has been called a crisis of social disconnection. Access to culture can bring a sense of belonging and remedy feeling of isolation – even if only temporarily. Culture as Treatment can serve as the remedy to the post-traumatic stress caused by

¹⁴ http://www.addictionresearchchair.ca/wp-content/uploads/2012/04/FINAL-ReferenceGuide_June25_DIGITAL.pdf

Elder Jim Dumont, National Native Addictions Partnership Foundation, Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment Project – University of Saskatchewan. (2014).

¹⁵ http://www.addictionresearchchair.ca/wp-content/uploads/2012/04/FINAL-ReferenceGuide_June25_DIGITAL.pdf

¹⁶ http://www.addictionresearchchair.ca/wp-content/uploads/2012/04/Definition_of_Wellness.png

colonial expansion, genocide & cultural assimilation because it is a model of decolonization, or Indigenization, in itself. *Culturally-focussed treatment* addresses wellness in a holistic sense that emphasized balance among one's tradition, culture, language & community.

Supporting Research for Culture as Treatment:

- *"... benefits of cultural intervention [were shown] in all areas of wellness and success in reducing or eliminating substance use problems..."*

*... culture-based interventions used in addictions treatment for Indigenous people are beneficial to improve client functioning in all areas of wellness."*¹⁷

- *"Disconnection from cultural values and traditions led to a painful and meaningless existence for many Aboriginal people who have turned to drugs and alcohol in an unsuccessful attempt to deal with their anxiety and pain.*

*The discovery of meaning and the resultant healing for Aboriginal clients is being enabled through substance abuse treatment strategies that facilitate reconnection to cultural values and traditions."*¹⁸

- After one year of using a community-developed program of First Nations healing, addiction treatment and substitution therapy in North Caribou Lake First Nation: ¹⁹

-
- ❖ *Police criminal charges fell by over 60%*
 - ❖ *Child protection cases were cut in half*
 - ❖ *School attendance increased by one third*
 - ❖ *Sales at local general store increased by 20%*
-

¹⁷ <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-9-34>

Rowen et al., (2014) Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy*, 9(34).

¹⁸ <https://pdfs.semanticscholar.org/b1c3/62fb7d47a893e46706fde1241b79acd2438d.pdf>

McCormick R., (2000) Aboriginal traditions in the treatment of substance abuse. *Canadian Journal of Counselling*, 34(1).

¹⁹ <https://www.ncbi.nlm.nih.gov/pubmed/25821874>

Kanate et al., (2015) Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence: evaluating outpatient buprenorphine-naloxone substitution therapy in the context of a First Nations healing program. *Can Fam Physician*, 61(2).

Definition of Wellness

Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Central to wellness is belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. The spirit causes us to live, gives us vitality, mobility, purpose and the desire to achieve the highest quality of living in the world. **Spiritual** wellbeing is the quality of being alive in a qualitative way. Spirit is central to the primary vision of life and worldview and thereby facilitates hope. Within an Indigenous worldview, being rooted in family, community and within creation as extended family is the foundation of belonging and relationships. At this heart level of one's being, **emotional** and relational wellbeing is nurtured by one's belonging within interdependent relationships with others and living in relation to creation, including beings in creation. The mind operates in both a rational and intuitive capacity. **Mental** wellbeing is the conscious and intelligent drive to know and activate one's being and becoming. Having a reason for being gives meaning to life. The body is the most outer part of our being and is comprised of the most immediate behavioral aspects of our being. **Physical** wellbeing is that way of behaving and doing that actualizes the intention and desire of the spirit in the world. This and the knowledge that the spirit has something to do in the world generates a sense of purpose, conscious of being part of something that is much greater than they are as an individual.



Elder Jim Dumont, National Native Addictions Partnership Foundation, Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment Project - University of Saskatchewan. (2014). *Definition of Wellness*. Muskoday, Saskatchewan: Author. Canadian Institutes of Health Research, Funding Reference Number AHI-120535.

²⁰ http://www.thunderbirdpf.org/wp-content/uploads/2015/07/3_Common_Cultural_Interventions.pdf

Low-Barrier Access to Culture

There are several programs offering Indigenous cultural support in the Metro Vancouver area. Most of these services cater to families and youth and have a zero tolerance alcohol and drug policy, meaning anyone using substances is not permitted to enter. Those in active or maintenance use are often excluded from the healing work that could help them. In some practices and ceremonies, it is necessary that participants be sober to participate. For example, toxins released in a sweat lodge from someone using can be physically and energetically harmful for the others present.

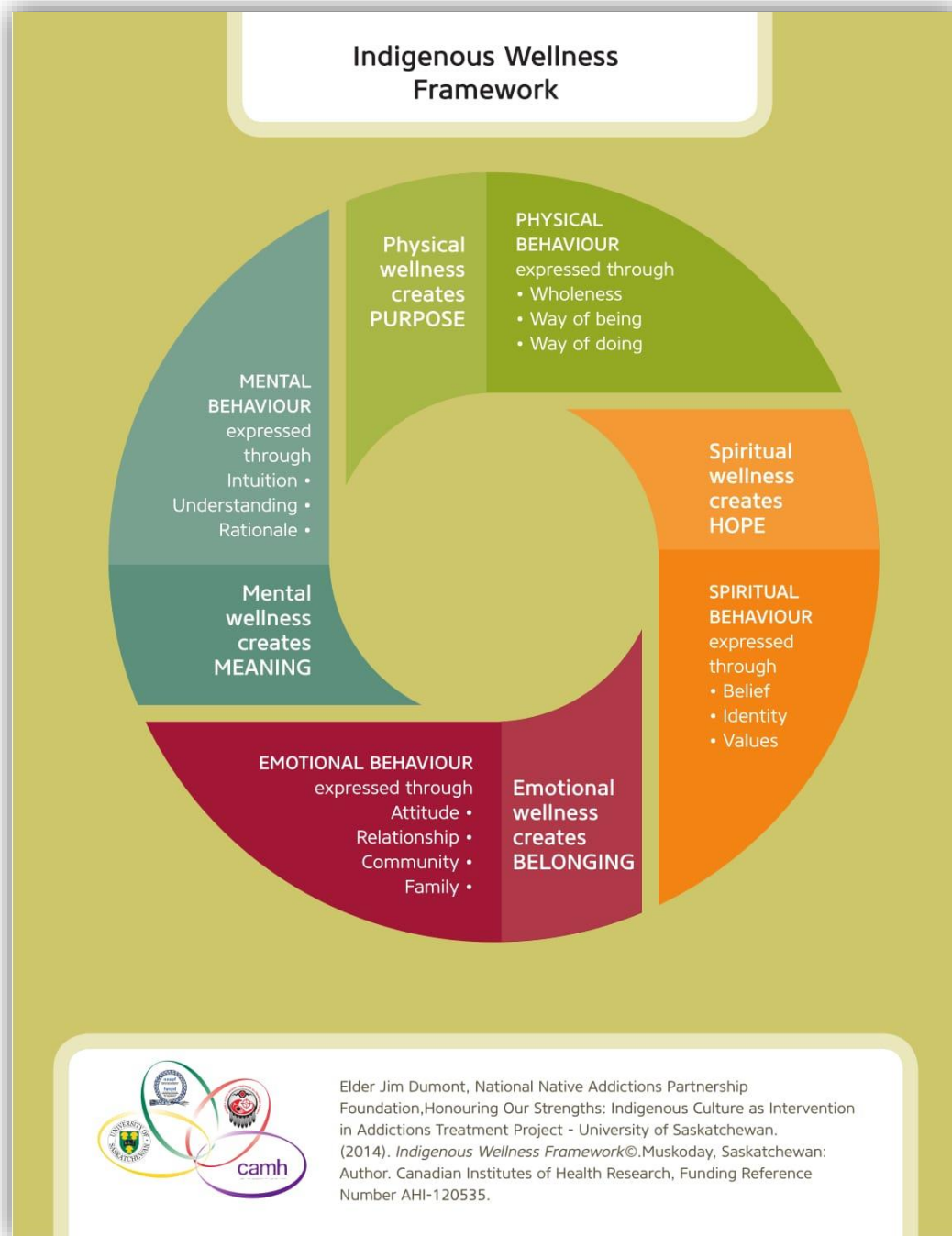


Culture Saves

Lives is a pioneering program that has broken these boundaries to offer culture to people actively using in the DTES. People can walk into the First Nations' Hub at 1 E Hastings St to hear drumming and songs to connect to

Indigenous

identity and culture. These practices acknowledge those in the streets as people and as spiritual beings. This work has been transformative for many people who describe it as an awakening of the soul.



²¹ http://www.addictionresearchchair.ca/wp-content/uploads/2012/04/4_Indigenous_Wellness_Framework.pdf

For More Information:

BC Ministry of Mental Health and Addictions: Stop Overdose

- Words matter. Learn more about how to reach to the people you care about. Get involved. Get informed. Overdose awareness.
 - <https://www.stopoverdose.gov.bc.ca/>

Thunderbird Partnership Foundation

- The “*Honouring Our Strengths: Indigenous Cultures as Intervention in Addictions Treatment*” was a three-year collaboration of researchers, Elders, and service providers to demonstrate the effectiveness of First Nations culture as a health intervention.
 - http://www.addictionresearchchair.ca/wp-content/uploads/2012/04/FINAL-ReferenceGuide_June25_DIGITAL.pdf
 - <http://thunderbirdpf.org/about-tpf/scope-of-work/honouring-our-strengths-culture-as-intervention-in-addictions-treatment/>

Research Papers

- Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study
 - <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-9-34>
- Aboriginal Traditions in the Treatment of Substance Abuse
 - <https://pdfs.semanticscholar.org/b1c3/62fb7d47a893e46706fde1241b79acd2438d.pdf>
- Does evidence support supervised injection sites?
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5685449/>

Overdose Response

Indigenous Cultures... **PREVENT LOSSES**

Indigenous people in BC are 5 times at higher risk of overdosing.

Deaths can happen if no one is there with you to call 911.



Fentanyl is poisoning a lot of street drugs.

Carry a Naloxone kit,
they can be free.

Indigenous Cultures offer ways to heal and prevent losses.

If you use drugs,
don't use alone.

Learn how to use one.

Local Contact:



www.mvaec.ca

For More Information Please Contact:

In Metro Vancouver:

Vancouver Native Health Society Clinic: 449 E Hastings St. - 604-255-9766	Vancouver Aboriginal Friendship Centre: 1607 E Hastings St. - 604-251-4844	Fraser Region Aboriginal Friendship Center: A101 - 10095 Whalley Blvd, Surrey - 604-595-1170
Urban Native Youth Health & Wellness Centre: 1618 E Hastings St. - 604-254-7732	Lu'ma Medical Centre: 2970 Nanaimo St. - 604-558-8822	

KUU-US Crisis Line Support Service (24/7); First Nations and Aboriginal Specific Support **1-800-588-8717**

www.towardtheheart.com www.fnha.ca/overdose www.vch.ca/overdose
www.fraserhealth.ca/health-info/mental-health-substance-use/

Section 2: Overdose Response

Naloxone

What is Naloxone? a chemical substance that counteracts the effects of opiates by binding to opiate receptors on cells

Where can you get a Naloxone Kit? Visit <http://towardtheheart.com/sites> to find the nearest harm reduction site to receive a free naloxone kit and naloxone training

When to use Naloxone

Know the Signs

 <p>Not Responding Doesn't move and can't be woken.</p>	 <p>Slow or Not Breathing A breath every 5 seconds is normal.</p>	 <p>Making Sounds Choking, gurgling sounds or snoring</p>
 <p>Blue Lips & Nails</p>	 <p>Cold or Clammy Skin</p>	 <p>Tiny Pupils</p>

SAVE ME Instructions



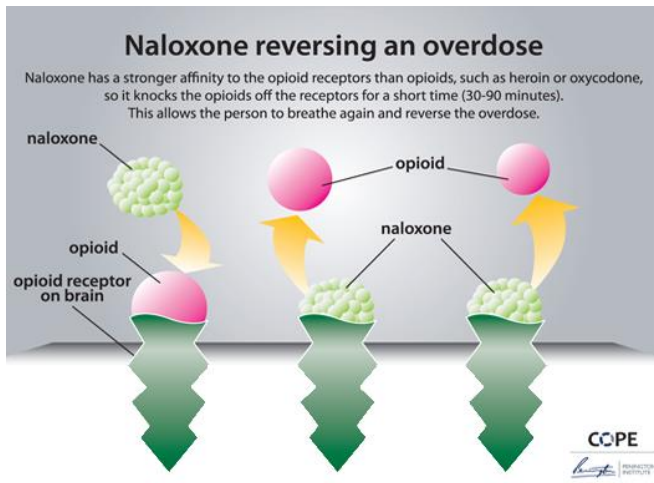
If the person must be left unattended at any time, put them in the recovery position.

 <p>Stimulate Unresponsive? CALL 911</p>	 <p>Airway</p>	 <p>Ventilate 1 breath every 5 seconds</p>	 <p>Evaluate</p>	 <p>Muscular Injection 1st dose of naloxone</p>	 <p>Evaluate 2nd dose?</p>
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Call 911: Less than 50% of people call 911 when someone has overdosed. Even if the person has been brought back to life with naloxone, people may still need treated for other health problems as a result of the OD.

Good Samaritan Act: a law that protects people from being arrested for simple drug possession if 911 was called

Naloxone



What is Naloxone?

Naloxone or narcan has become increasingly available as a necessary harm reduction tool. Naloxone is an opioid antidote, or antagonist drug that can reverse the effects of an opioid overdose to save life. When it is injected into the muscle, it binds with the brain's opioid receptors to prevent synthetic opioid drugs from triggering the effects of getting high.

British Columbia is particularly progressive for how accessible it has made naloxone. Naloxone was mostly used by emergency healthcare staff but is now available in kits to anyone in BC to prevent overdoses. Anyone who works in an establishment where an overdose has happened, or is it likely to happen, should consider having a naloxone kit and someone who is trained to use it around at all times. This doesn't just apply to overdose response services in the Downtown Eastside. Overdoses often happen in the public washrooms of convenience stores, fast food restaurants and coffee shops. Having naloxone on-hand is just like having a First Aid Kit. Trainings can be scheduled for an organization and there are now online video tutorials to ensure anyone can know the basics about administering naloxone. Go to the Toward the Heart to view the Naloxone Saves Lives video: <http://towardtheheart.com/naloxone>.

Where can you get a Naloxone Kit?

You can pickup a kit at any one of the 518 active harm reduction sites listed at <http://towardtheheart.com/sites> or at participating pharmacies like London Drugs and



Save-On-Foods. You do not need a prescription and can receive a free kit with training if you:

- 1) have a history of using substances or
- 2) are likely to witness & respond to an overdose.

Know the Risks

There are certain risk factors that make people more likely to have an overdose.

- For someone new to using the substance or if they have taken a break, then their tolerance will be low and risk of overdose is higher.
- When a person uses again after detox, (s)he may use again with the dosage (s)he is familiar with. This can be especially dangerous now that potent toxins like Fentanyl have entered the drug supply.
- People are also at higher risk for overdose if they have been sick, tired, run down, dehydrated or have liver issues.
- Mixing opioids with other drugs, alcohol or prescriptions can be significantly risky.

When to use Naloxone

How do you know if someone is overdosing from opioids? Opioids are depressants that slow the body down and cause sleepiness. Someone needing to be revived by naloxone will be unresponsive to touch or sound if you attempt to wake them. If you have to chase someone to give them naloxone, they are not having an opioid overdose. People can still experience opioid overdoses even if they are not consuming opioid drugs. A variety of substances are often manufactured or packaged in the same place and small portions of fentanyl can get mixed into stimulants, or uppers, like cocaine or methamphetamine. Even a small portion of fentanyl is enough to trigger an overdose.

There have been stories of people taking a hit of opioid drugs and then giving themselves naloxone immediately after to prevent overdose. Using naloxone will not allow a person to feel the high without the risk of overdose because it blocks the opioid from reacting with the brain receptor. Although this may work if someone is taking stimulants hoping to get a speedy high, administering naloxone will prevent the opioid high from happening altogether. People who have been revived are sometimes angry to know they were revived without experiencing the euphoria and may even attempt to immediately use again.

The effects of naloxone are not permanent and the effects could wear off after about 30 minutes causing the person to experience another overdose. The person experiencing

the overdose may have also lost oxygen during and could require medical supervision.²² This is why it is important that emergency responders are called to monitor the person who has overdosed.

Know the Signs



Not Responding

Doesn't move and can't be woken.



Slow or Not Breathing

A breath every 5 seconds is normal.



Making Sounds

Choking, gurgling sounds or snoring



Blue Lips & Nails



Cold or Clammy Skin



Tiny Pupils

Naloxone Administration: SAVE ME

Once you've determined that a person has overdosed, you can use the SAVE ME steps



If the person must be left unattended at any time, put them in the recovery position.



Stimulate
Unresponsive? **CALL 911**



Airway



Ventilate
1 breath every 5 seconds



Evaluate



Muscular Injection
1st dose of naloxone



Evaluate
2nd dose?

to revive them. See pg.83 for Opioid Response Checklist.

²² http://towardtheheart.com/assets/doap/summary-report-on-911-calling-studies-2_211.pdf

Stimulate

Here are ways you can attempt to stimulate the person to see if they have overdosed. Always tell the person what you are going to do before you do it. If someone is unresponsive and not breathing, **call 911 right away**.

- Voice
 - Shout their name
 - Tell them to wake up
 - Tell them to take a breath
 - Say Narcan or Police
- Pain
 - Do a sternal rub (rub your knuckles on the bone in the middle of the person's chest)
 - Don't slap

Airway

- Check to see if the person's airway is clear
 - Tilt the head back
 - Make sure nothing is in their mouth

Ventilate

- It's crucial to make sure the person is receiving air and oxygen into their lungs to prevent brain injury and death
 - Pinch nose
 - Start with 2 breaths
 - 1 breath every 5 seconds

Evaluate

- Check to see if the person has to breathe again on their own

Muscular Injection ²³



- Inject the naloxone into the large muscle at a 90 degrees into the thigh (recommended), upper arm, or butt
- It's ok to inject through clothes
- Be firm and steady

²³ <http://www.bcpharmacists.org/naloxone>

Evaluate

- Check to see if the person is breathing on their own again, it is ok if they are not fully conscious
- Give as little medication as possible to restore breathing so they are less likely to experience opioid withdrawal and more likely to go to hospital for proper treatment
- Wait at least 4 minutes or approximately 40-50 breaths before you consider giving a second dose of naloxone

Aftercare

If the person becomes responsive

- ✓ Tell them what happened
- ✓ Tell them that naloxone will wear off
- ✓ Prevent them from using again
- ✓ Support them through withdrawal/dope-sickness

Tell Paramedics

- ✓ How long the person has been unresponsive
- ✓ Known medical conditions
- ✓ Drugs used
- ✓ How much naloxone was given

Call 911

People only call 911 about half of the times when naloxone is administered, but it should be the first thing to do if you suspect someone has overdosed from opioids. Although naloxone has been successful in saving lives, it is still crucial to make sure emergency responders are on their way before you begin searching for a narcan kit.

In an emergency situation it can be easy to feel panicked or flustered. When calling 911, it is important to be direct as possible to provide the operator with the necessary information quickly and clearly. Here is a guide for calling 911 recommended by the Harm Reduction Coalition.²⁴

What to Say to 911

- Report that the person's breathing has slowed or stopped, that the person is unresponsive, and give the exact location
- Let them know if naloxone was given and whether or not it worked

²⁴ <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/call-for-help/>

1. Tell the dispatcher exactly where you and the overdosing person are. Give them as much information as possible so that they can find you (i.e. 3rd floor, or in the bathroom).
2. Avoid using words like drugs or overdose- stick to what you see: “Not breathing, turning blue, unconscious, non-responsive, etc.” This makes the call a priority.
3. When the paramedics arrive, tell them what you know about what drugs the person may have been using- as much information as possible. If the paramedics suspect opioids, they will give the person an injection or intranasal dose of naloxone.
4. Keep loud noise in background to a minimum- if it sounds chaotic, they may be more likely to dispatch police to secure the scene and protect the paramedics.

Alternative Plans

If the rescue attempts are not working, alternate plans may be used. Doing something is better than nothing.

- ✓ See if someone else near by can call
- ✓ Provide rescue breathing, naloxone, and put the person in the recovery position and then leave to alert someone to call, even a passerby
- ✓ Leave the person where they can be found with doors unlocked and/or open

The Good Samaritan Drug Overdose Act

People are more likely to call during an overdose on the street than when an overdose happens at home. Some may be afraid of arrests for possession or parole violations.

The *Good Samaritan Drug Overdose Act* is now law and protects people from being arrested for simple drug possession if 911 was called. ²⁵

²⁵ http://towardtheheart.com/assets/doap/good-samaritan-act-poster-20170719_296.pdf

For More Information:

To learn more about responding to an overdose

Toward the Heart

- Visit here for Teaching Materials, Videos, and Posters for learning how to respond to an overdose
 - <http://towardtheheart.com/naloxone-training>
 - http://towardtheheart.com/assets/doap/summary-report-on-911-calling-studies-2_211.pdf

THE GOOD SAMARITAN DRUG OVERDOSE ACT IS NOW LAW

THE LAW SAYS:

If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, **you are not to be charged with simple possession** (possession for your own personal use) of an illegal substance.

You are also **not to be charged for breach of probation or parole** relating to simple drug possession.



IF YOU SUSPECT AN OVERDOSE,

CALL 911

CALLING 911 SAVES LIVES

After calling 911, give **breaths** and **naloxone** if you have it.

Stay with the person until help arrives.



For more information, visit:

http://www.pivotlegal.org/good_samaritan_drug_overdose_act

or <http://canada.ca/opioids>



BC Centre for Disease Control

July 18, 2017



The Good Samaritan Drug Overdose Act

➤ The Good Samaritan Drug Overdose Act is part of the Government's comprehensive approach to addressing the crisis. It will help encourage Canadians to save a life during an overdose situation.

- <https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/about-good-samaritan-drug-overdose-act.html>

Section 3: Substance Use Support Services

Harm Reduction Distribution Sites points to access and dispose of harm reduction supplies

Supervised Consumption Services & Overdose Prevention Sites (OPS) places established to prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances

Opioid Agonist Therapy (OAT) any treatment for addiction to opioid drugs that involves taking the opioid agonists methadone (Methadose) or buprenorphine (Suboxone)

Treatment Options

Detox Recovery from the toxic effects of a drug or substance by the removal of the toxic properties of that substance

Mental Health Services organizations providing assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders

Counselling the process in which a counsellor holds face to face talks with another person to help him or her solve a personal problem

Residential Treatment also called residential rehabilitation or inpatient rehab, describes either a mental health facility or a drug and/or alcohol or process addiction treatment program that is provided to patients in a residential setting

Aftercare the period that begins when a client leaves a formal treatment program and treatment professionals are no longer involved with the client on a regular basis; the client assume responsibility for their recovery and establishes his or her own community of support

Peers people who use illegal drugs and are the experts about the realities of illegal drug use

Peer Support Programs when people provide knowledge, experience, emotional, social or practical help to each other as equals to give each other support on a reciprocal basis

Traditional Healing: refers to health practices, approaches, knowledge and beliefs incorporating Indigenous healing and wellness while using ceremonies

Indigenous Cultures... **SUPPORT PEOPLE**

Indigenous Cultures are centuries old and thrive when practiced.

Indigenous Healing Practices can reduce harms from substance use.

Traditional Ways support Indigenous people on a stronger path.

You do not need to feel alone.

Indigenous Cultures can Support Healing
from lives lost.

Connect with your community and find ways to **rely on Indigenous Healing.**

Local Contact:



www.mvaec.ca

For More Information Please Contact:

In Metro Vancouver:

Vancouver Native Health Society Clinic:
449 E Hastings St. - **604-255-9766**

Vancouver Aboriginal Friendship Centre:
1607 E Hastings St. - **604-251-4844**

Fraser Region Aboriginal Friendship Center:
A101 - 10095 Whalley Blvd, Surrey -
604-595-1170

Urban Native Youth Health & Wellness Centre:
1618 E Hastings St. - **604-254-7732**

Lu'ma Medical Centre:
2970 Nanaimo St. - **604-558-8822**

KUU-US Crisis Line Support Service (24/7); First Nations and Aboriginal Specific Support **1-800-588-8717**



www.towardtheheart.com www.fnha.ca/overdose www.vch.ca/overdose
www.fraserhealth.ca/health-info/mental-health-substance-use/



Harm Reduction Distribution Sites

British Columbia has been a pioneer in harm reduction and opened its first needle exchange in 1989. This service allows people to exchange their used needles for new ones. Needle exchange programs have been shown to be successful in preventing infectious diseases like HIV and Hepatitis from being spread between users. Between 1996 & 2011, the percent of people using shared needles for substance use dropped from 40% down to 1.7% in Vancouver.²⁶

Needle exchange programs can often receive backlash in the community because people are afraid of coming across needles in their neighborhood. Although needle exchanges do increase the number of needles on the street, precautions have been put in place to minimize the public's exposure to needles. If needles and syringes are found outside of Vancouver, these are the instruction for safe disposal:

1. Don't touch the needle with your hands- get the proper equipment: rubber or leather gloves, tongs or pliers, and a puncture-resistant plastic container
2. Transfer the needle to the container. Using tongs or pliers pick up the needle and place it in the container
3. Secure the lid on the container
4. Wash your hands and gloves

Return to any community health centre.

Supervised Consumption Services & Overdose Prevention Sites (OPS)

Coroner's reports have indicated that about half of overdose deaths have taken place in the home. If someone is using alone, or multiple people are using the same substance, no one will be available to contact emergency services if an overdose occurs.

Supervised Consumption Sites, or *Overdose Prevention Sites* are places where people can go to use drugs safely. This means if someone has an overdose, there is staff and

²⁶ <http://www.ctvnews.ca/health/health-headlines/harm-reduction-more-effective-than-war-on-drugs-study-1.1339700>

volunteers available to respond. Safe injection sites meet people where they are at to prevent deaths and stabilize the community.

These sites can serve as access points that assist people begin their program of recovery. In one year at **Insite**, there were 5,321 referrals to other social and health services and to **OnSite**, the adjoining detox treatment facility, with an average stay of 16 days.²⁷ Hundreds of these clients completed treatment or no longer needed service.

Most of these safe sites are located in the DTES and are usually accessed by the people living in this community. Other groups may avoid using at safe consumption sites because they are afraid of being stigmatized. All sorts of people use drugs including professionals, students, social service workers and people with families. Stigma drives people to use alone and in secret. Even people in a recovery program may fear that their peers will judge them for using, but this is dangerous because their tolerance will be lower during a relapse and the risk of overdose is increased.

Many OPS sites are staffed by peers who have lived experience of using drugs and are helping their friends and community members to use safely. In Vancouver offer a safe, clean, supervised environment for people who inject drugs and helps them access addiction services. Iso offers safe inhalation supervision because overdoses can also occur from smoking fentanyl-laced drugs.

For these services in Metro Vancouver see pg. 68-69

Drug Testing & Drug Checking

Insite found that 80% of the samples tested contained fentanyl. Drug testing is saving lives because lets people know if their drugs are contaminated. People are 25% less likely to overdose if their substance tests positive for fentanyl because they are 10 times more likely to reduce their dose. Test strips were designed to detect fentanyl in urine, but have been adapted to check fentanyl in drugs.²⁸ At this time, test strips are only available legally at *Overdose Prevention Sites*. With the high number of deaths

²⁷ <http://www.vch.ca/public-health/harm-reduction/supervised-injection-sites/insite-user-statistics>

²⁸ <http://www.vch.ca/about-us/news/province-expands-fentanyl-testing-and-launches-drug-checking-pilot-in-vancouver>

occurring in homes, people are urging that test strips be available for the public. This is currently not an option because false test results or improper usage of the strips could lead to fatal consequences.

A more reliable form of testing is now available now that a new portable machine called a *Fourier-Transform Infrared Spectrometer (FTIR)* is able to identify multiple compounds at once in a matter of minutes.²⁹ To find the most recently updated times when the FTIR can be accessed for testing, visit <http://www.vch.ca/Documents/VCH-overdose-alert.pdf>.

Opioid Agonist Therapy (OAT) or Opioid Substitution Therapy (OST)

People who are dependent on opioids may struggle or find it impossible to simply quit cold-turkey if they want to stop using. Maintenance users consume opioid drugs just to feel normal, not to get high. If they stop using, their bodies will go into extreme discomfort caused by withdrawal. These symptoms include nausea, vomiting, diarrhea, cramping, depression, agitation, anxiety and severe cravings.

For those wanting to reduce their opioid use, stabilize their lives, and reduce the harms related to drug use, *Opioid agonist therapy (OAT)* is an effective treatment.^{30,31} People receiving OAT can visit a clinic or pharmacy daily to receive liquid methadone or Suboxone. These are narcotic medications that act slowly and provide low levels of opioids over a longer period than street drugs. Daily use helps to reduce withdrawal symptoms so the person taking them can gain control and stabilize their life.

Methadose

Methadone is an opioid medication used to reduce withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the “high” associated with the

²⁹ <http://www.cbc.ca/news/canada/british-columbia/insite-fentanyl-testing-1.4115500>

³⁰ https://www.camh.ca/en/education/about/camh_publications/Documents/Flat_PDFs/oat_info_for_clients.pdf

³¹ <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/bc-ost-system-measures-14-15-and-15-16.pdf>

drug addiction. Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs.

Suboxone

Suboxone is a combination of buprenorphine and naloxone. The buprenorphine has an effect similar to methadone and naloxone blocks the ability for opiates to work.

Suboxone can help stabilize a person who is discontinuing illicit opiate drugs and has little effect when injected, so it eliminates the risk of a potential overdose.³²

Hydromorphone

Hydromorphone, medical-grade heroin, called “diacetylmorphine”, has been administered at the **Crosstown Clinic** as an *Injectable Opioid Agonist Therapy (iOAT)*. Since enrolling, 25 people who were injecting heroin have transitioned to oral therapies. At the moment, the Crosstown Clinic is at capacity but more clinics providing hydromorphone will be coming soon because new guidelines for administering iOAT have been made available in BC.³³

For these services in Metro Vancouver see pg. 70-72

Support Services

Since the opioid crisis emerged, many organizations have created initiatives for managing the increased demands for services. Again, there is no linear model for managing drug use, meaning there is not a set of steps from beginning to end along the path of recovery that can be generally applied to all people who use substances. Not everyone who uses substances wants treatment or is stable enough to consider it. Street outreach teams in the DTES noted that many street-entrenched people can only focus on the next few minutes. Some may be operating at the basic level of survival and are only interested in where they can get the next piece of food, cigarette or substance. For this group, a treatment plan for their addiction may not be applicable.

³² <http://www.cbc.ca/news/canada/british-columbia/why-so-few-doctors-prescribe-suboxone-1.3958782>

³³ <https://www.straight.com/news/878486/vancouver-clinic-turns-long-time-addicts-prescription-heroin-abstinence>

Access to basic needs, harm reduction supplies and uncontaminated drugs can help keep people safe and prevent deaths.

The amount of services available can be overwhelming to make sense of. Many of these options may also be at capacity or have waitlists. This guide offers a comprehensive view of all the substance-use options available. Please keep in mind that the services terrain is forever changing and specific services mentioned may not be up-to-date.

To ensure a service is still in use, go to the *Red Book Online* at <http://redbookonline.bc211.ca/> or simply call 2-1-1.

Treatment Options

Detox

There are options for people wanting to completely discontinue drug or alcohol use. Detox programs are available to ensure the person experiencing acute withdrawals can recover in a safe and supportive environment. Withdrawal can be done in Inpatient (**Detox**) outpatient (**Daytox**) or home based settings (**START**).³⁴

Outpatient treatment centres are an option for people who need help for substance use issues but are unable to stop working or attending school to get it. The delivery of these programs may vary but they generally provide assistance a few times a week for a specified number of hours. The severity of the problem usually determines if either inpatient or outpatient recovery is chosen.

For these services in Metro Vancouver see pg.71-73

³⁴ <http://www.vch.ca/your-care/mental-health-substance-use/substance-use-services>

Mental Health & Substance Use Services

In many instances, people have a combination of mental health and substance use issues. This is often a chicken-and-egg dilemma where it is sometimes impossible to know what came first, the addiction or the mental health problem. Some people will develop mental health symptoms like paranoia or depression from using substances while others may have begun using drugs to self-medicate symptoms brought on by their mental health problems.

In the Indigenous community pain and trauma run deep, mental health issues can come to the surface. Stress and unstable living conditions can also trigger mental health problems. Indigenous people who mistrust the healthcare system may avoid accessing professional mental health support.

For these services in Metro Vancouver see pg. 73

Counselling

There are many options for counselling support available whether it be one-on-one with a client and counsellor, group counselling, free, sliding-scale, or private. Some counsellors may specialize in addictions and some may have a more generalized practise. It is important to note that not all counsellors are trained the same. The term counsellor or therapist are not regulated so professionals can receive various levels of accreditation from a certificate, diploma, masters, or doctorate education.

Indigenous Counselling

Many Indigenous people prefer to have an Indigenous counsellor, however, they may be in short supply to meet the high demands. It is said that working with an Indigenous counsellor can save 20 hours of counselling hours because they come into the sessions with the background knowledge and rapport needed to establish a trusting relationship. Since the demand for Indigenous counsellors is so high, the need for higher level accreditation is often lower.

Adult counselling is provided for a variety issues, such as trauma, residential school, grief & loss, depression, anxiety and addiction. Traditional medicines and practices,

hands-on traditional/spiritual and Reiki sessions, Elders, cultural teaching, and ceremonies may also be available. Support groups are also offered as a way for individuals to identify with the personal experiences of others.

For these services in Metro Vancouver see pgs 68-69

Sliding Scale Counselling

Another option is sliding-scale counselling services. These counselling provide free counselling or counselling at a reduced rate depending on the individual's income level. These services may be given by student counsellors or counsellors who are gaining experience in the field.

Private Counselling: BC Association of Clinical Counsellors

For those wanting more choice and flexibility for the type of counsellor and treatment they receive, private counselling is also an option. There can also be waitlists for free services. You can visit the <http://bc-counsellors.org/> to search for *Registered Clinical Counsellors (RCC)* in your area. Search fields can help identify who will have experience with addictions and Indigenous clients. Standard rates are usually between \$90-\$150 an hour but can vary depending on the counsellor's education and experience. For those with extended benefits, some insurance plans cover a certain amount of sessions per year.

Addictions Services

In Vancouver, there are publically funded programs where people can access Community Substance Use Services. Adults can access individual, couple and family/group substance use counselling and will be recommended the appropriate treatment for substance misuse. Individuals work with the substance use team to monitor client needs and progress to help develop an appropriate individual care plan.³⁵

This service is available for adults who require detoxification from substance dependency. They will receive immediate screening by health care workers, who set up appointment times with the provider that most suits the client's needs.

³⁵ <http://www.vch.ca/your-care/mental-health-substance-use/substance-use-services>

Residential Treatment

The standard residential treatment program is usually 28 days and twelve steps based. These programs vary in length and can be specialized to meet the unique needs of certain demographics like the LGBTQ, Indigenous, and people transitioning out of incarceration. Some programs also address comorbid issues like sex, food, and co-dependence.

Some programs are subsidized by the government and if there is a cost, it will be based on the income of the client and can be covered by social assistance programs. People can call the **Detox Referral Line** to see which centres may have space available. Another option is privately funded treatment programs for people who want to pay out of pocket. These private centres are likely to not have waitlists, have better ratios between clinical staff and clients. The costs will be based on the need of the individual and can vary from centre to centre, however standard inpatient addiction treatment cost between \$14,000 and \$27,000 for a 30-day program.³⁶

For these services in Metro Vancouver see pg. 78-80

Aftercare

After treatment, there may be time needed to transition back into the community. When leaving inpatient or outpatient care, most centres will offer some type of aftercare assessment tailored to the needs of the client. The options for aftercare generally involve support groups, counselling, follow-up appointments and relationships with other sober people. Some residential centres offer transitional housing to help clients gradually transition into independent living.

Sometimes the resources for publically funded treatment is spread thin and follow-up might not be automatically scheduled for the client. If someone feels that they need continued support after treatment ends, they are encouraged to ask what options for aftercare are available to ensure a plan is established.³⁷

³⁶ <http://www.drugrehab.ca/residential-drug-rehabs-in-canada.html>

³⁷ <http://www.drugrehab.ca/drug-alcohol-aftercare-services-in-canada.html>

Peer Support Programs

This is the belief of 12 Step Programs like Alcoholics Anonymous or Narcotics Anonymous. These programs are peer-based, highly accessible, and are used by the majority of treatment programs. The criticism is that the individual must place the hands of God or a higher power of his or her understanding. Since the program is faith-based, it is difficult to present scientific knowledge supporting how it works.

There are other programs of recovery that focus on the scientific, rather than the spiritual aspects called **SMART Recovery**- SMART Recovery (Self Management and Recovery Training) This program supports the person's own self-efficacy for taking control of their problems by educating themselves retrain their thinking and practice healthier behaviours. There are SMART meetings available in Vancouver, however, they are not as numerous as 12 step programs.

For these services in Metro Vancouver see pg. 83-88

Indigenous Services Over the Lifespan

Addiction and mental health issues may appear at a particular point in one's lifetime, but can often have a lifetime of after effects. At the same time, there may have been factors in the person's life long before they began the person began engaging in addictive behaviours. There is rarely ever a clear beginning or end point that defines the timeframe to experience addiction – some people in recovery identify as being an addict for life.

It is also unclear when preventative interventions need to happen to prevent addiction. For example, some argue that there are factors as early as prenatally that will determine if an unborn child becomes an addict. In order to break generational patterns and address intergenerational trauma, a lifespan approach to service delivery is necessary to ensure people have access to support throughout their lifetime. This includes supports for expecting mothers, infants, children, adolescents, young adults, adults and seniors or Elders.

For more info see pgs 74-78

Elder Support

The roles of Indigenous Elders can vary amongst region and culture. Elders commonly practise spiritual teachings that influence every aspect of their lives and teachings. Being an Elder is not defined by age. Not every Indigenous person over a certain age is considered an Elder and there is generally no age requirement for being an Elder. Elders will have earned respect in their community through wisdom, harmony and balance of their actions in their teachings. Depending on the Elder, they may provide a variety of services such as conducting smudges, sweats, prayers, opening prayers, counselling, sweet-grass ceremonies and negotiations.

Some organizations like Friendship Centres and Native Health Centres have Elder programs and Elders on site who may be able to offer their cultural support.³⁸ For example, the *Elder's Wisdom Program* offered by the VAFCS provides a nourishing social environment for elders to apply and maintain their traditional practices. Activities include visits to UBC's Community Garden, a Sewing Club, Weekly Luncheons, and workshops regarding health issues.

Cultural Support

Friendship Centres:

There are a variety of services in Vancouver that provide cultural programs. Friendship Centres like **Vancouver Aboriginal Friendship Centre Society (VAFCS) & Fraser Region Aboriginal Friendship Centre Association (FRAFCA)** emphasize the philosophies and values of varied aboriginal cultures and traditions. They offer programs in health, welfare, social services, human rights, culture, education, recreation and equality for all genders of aboriginal people in all age groups.

For more info see pgs. 77-80

³⁸ <https://www.ictinc.ca/blog/aboriginal-elder-definition>



For More Information:

To Learn more about Harm Reduction in Metro Vancouver

Article on the Effectiveness of Harm Reduction

- <http://www.ctvnews.ca/health/health-headlines/harm-reduction-more-effective-than-war-on-drugs-study-1.1339700>

Information on Opioid Agonist Therapy (OAT)

- <http://www.camh.ca/-/media/files/oat-info-for-clients.pdf>

Substance Use Services in Vancouver Coastal Health (VCH)

- <http://www.vch.ca/your-care/mental-health-substance-use/substance-use-servicesS>

Substance Use Services in Fraser Health

- <https://www.fraserhealth.ca/health-info/mental-health-substance-use/substance-use/>

Section 4: Resilience

On the Front Lines

Resilience: the capacity to recover quickly from difficulties

Frontline Burnout: when workers of frontline service agencies experience fatigue, frustration, or apathy resulting from prolonged stress, overwork, or intense activity

Self-Care: refers to actions and attitudes which contribute to the maintenance of well-being and personal health and promote human development – living in a good way

Post-Traumatic Stress Disorder (PTSD): a mental health condition that's triggered by a terrifying event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety

Post Traumatic Growth: the positive change that happens to someone after they've had a highly stressful life event

Crisis Support Lines: a phone number people can call to get immediate emergency telephone counselling, usually by trained volunteers

Other Issues Facing Urban Indigenous Communities

Jurisdictional Barriers when First Nations and Inuit patients access health care, federal and provincial authorities may disagree on which system should pay for services

Housing Barriers: people need access security and stable housing in order to become healthy and well

Decriminalization: the lessening of criminal penalties in relation to certain acts, like drug possession

Wrap Around Service Model: providing services that incorporate the natural support systems of clients, along with various agency personnel and community

Youth in Care: refers to children and young people who are being raised in government care including foster homes, group homes, residential child and youth mental health services, residential addictions facilities, custody centres, youth agreements, independent living, or extended family placements, before 19 years old

Deinstitutionalization: the process of replacing long-stay psychiatric hospitals with less isolated community mental health services for those diagnosed with a mental health disorder

Wrap Around Service Delivery: these services incorporate the natural support systems of clients, along with various agency personnel and community

Resilience

Indigenous Cultures... **ARE RESILIENT**

Indigenous people have the answers within to deal with crises.

Despite lost lives, over 9,000 naloxone kits were used to save lives.

Many agencies work hard to protect our people and prevent overdoses.

Connect with our Traditional Ways and reach out to an Elder.

Indigenous Songs
are sung to grieve losses and lift up our spirits.

Stay strong, take action, ask for help
when needed.

Local Contact:


www.mvaec.ca

For More Information Please Contact:

In Metro Vancouver:

Vancouver Native Health Society Clinic: 449 E Hastings St. - 604-255-9766	Vancouver Aboriginal Friendship Centre: 1607 E Hastings St. - 604-251-4844	Fraser Region Aboriginal Friendship Center: A101 - 10095 Whalley Blvd, Surrey - 604-595-1170
Urban Native Youth Health & Wellness Centre: 1618 E Hastings St. - 604-254-7732	Lu'ma Medical Centre: 2970 Nanaimo St. - 604-558-8822	

KUU-US Crisis Line Support Service (24/7): First Nations and Aboriginal Specific Support **1-800-588-8717**

www.towardtheheart.com
 www.fnha.ca/overdose
 www.vch.ca/overdose
www.fraserhealth.ca/health-info/mental-health-substance-use/

Frontline Burnout

Despite ongoing hardships and overrepresentation in poor health and social statistics, the Indigenous community remains resilient and strong. There are hard-working people who have dedicated their lives to strengthen themselves, raise families and support others. Sometimes the demands to take care of others and a healthy, balanced life seem too much. It is important to understand the types of stress that can arise so it can be addressed and managed. Current events like the opioid crisis have affected stress and how this can be managed through an Indigenous lens.

Stress and burnout has recently been recognized by the scientific community as contributing to negative physical and mental health symptoms.³⁹ Exposure to stress has been linked to high blood pressure, diabetes, anxiety, depression and headaches. Indigenous cultures were well aware of these connections between body, emotion, mind & spirit far before science was able to confirm it.

Indigenous people have endured generations of oppression and transgenerational trauma is the term that describes the accumulation of hardships that is passed down vertically from generation to generation. This means an Indigenous person today may be carrying the weight of emotional pain that was experienced by their parents, grandparents, great-grandparents, etc... Some people may have access to family histories and understand where the trauma originated, but many families were separated and this knowledge was lost. It takes a village to raise a child and we are now understanding that it also takes a community to heal the adult. Indigenous wellness centres provide access to family, language, culture, ancestral lands, and traditional knowledge. Embracing culture has shown to be beneficial for restoring self-identity, confidence and pride in Indigenous people.⁴⁰

Social service workers may have experienced significant stress due to increased demands brought on by the recent opioid epidemic. The need for frontline responses has escalated with the severity of the crisis, however, organizations may have limited

³⁹ <http://www.apa.org/helpcenter/stress.aspx>

⁴⁰ <https://substanceabusepolicy.biomedcentral.com/track/pdf/10.1186/1747-597X-9-34?site=substanceabusepolicy.biomedcentral.com>

resources and staffing to manage the increased workload. The combination of additional responsibilities amidst tragic losses may contribute significantly to burnout. Stress and burnout can make working environments tense and effect the efficiency of services. Awareness of burnout can help build strength and resiliency to better support workers and the clients they serve.

Frontline workers within the opioid crisis may be experiencing high levels because of increased workloads due to higher service demands. There are three types of stress that can contribute to burnout. There is *day-to-day stress*, like an increase in workload, roles, and responsibilities due to the increased demand for support created by the opioid crisis. Next is *cumulative* or *chronic stress* that occurs when the day to day stress lasts for a period of time. Lastly is *critical incident stress*, or *shock* which can be felt after experiencing or witnessing a major emotionally traumatic event, like an overdose rescue or death. The overdose epidemic affects all communities and workers may have also endured personal losses of friends, family, or coworkers. Stress may also be influenced by personal vulnerabilities aggravated by the impacts of substance use in their work, personal life, and/or may have substance use issues of their own.

If stressful situations persist, a person can develop burnout, the ongoing feeling of emotional exhaustion and distress. People with burnout may experience chronic emotional exhaustion, depleted energy, loss of enthusiasm and motivation to work, lowered efficiency, diminished sense of personal accomplishment, anger, feelings of powerlessness in response to lack of control, pessimism and cynicism. Someone might be experiencing burnout if they become increasingly late or absent for shifts. They may display a negative attitude, respond pessimistically or sarcastically to things, and/or become involved in conflicts with others. Burnout may also decrease a person's motivation to do their work. People may not ask for help for fear of appearing incapable or weak. It is important to be aware of the stress you or others may be feeling and understand that it is the body's natural response to stressful events.

Stress and burnout can make working environments feels tense and effect the efficiency of services. There are many suggestions for preventing burnout. For example, practising time management, improving sleep quality, asking for support when needed,

practising boundaries for saying “no” when already overworked, and mindfulness techniques. When supporting someone who appears stressed, practice empathy by listening non-judgmentally. Avoid telling them what you think they should do. The individual is an expert of their own life, and they can determine what their best course of action is.

Workers with lived experience in active substance-use bring a wealth of applicable knowledge into their work and accelerated rapport with clients are considered to be assets in the workplace. Working in the field may trigger past traumatic events or desires to use to substances. People offering support work often have high expectations of themselves that can prevent them from reaching out. They may also fear losing face or feel that their job is compromised if they express challenges. These pressures may carry-over to the home life and create additional tension within families and create a cycle of stress between work and home environments. Workers of all experiences may require various degrees of support, therefore, it is recommended that additional time and resources for staff be included into the program’s structure, where possible, to ensure the best service possible.⁴¹

It is in the best interest of employers to support the self-care of their employees and themselves to increase work productivity, reduce absences, and reduce staff turnover. To encourage self-care in employees, managers can model the behaviour in themselves. They can do this by delegating responsibilities and by empowering staff at all levels to be responsible for decision-making. Leaders can also advocate to their boards and funders that self-care resources need to be available to ensure better retention and organizational operations.⁴²

⁴¹ <http://seeking-help.com/index.html>

⁴² <https://www.nonprofithr.com/creative-ways-minimize-burnout-encourage-self-care-among-social-sector-employees/>

Self-Care

Self-care refers to the actions one takes to ensure healthy functioning of the mind and body. This can begin with taking care of basic needs like adequate food, healthcare and shelter. If someone is lacking stable shelter or necessary healthcare, it may not be appropriate to offer any other suggestions. For some, the pursuit of self-care may be a daily structured routine of exercise or mindfulness. For others, self-care practices may be more flexible and are practised as needed. It is important for the individual to establish their own self care. What works for one person will not always be applicable for someone else. For example, some people may be extroverted or introverted to varying degrees. There are those of us that restore our energy by being around people while others need time alone.

The following exercise, by Lynda Monk and adapted by Lyana Patrick, looks provides an example of how self-care can be viewed and practiced through an Indigenous Wellness lens.

Reducing and healing stress is a key aspect of overall health and well-being for health care professionals. A holistic and integrated approach to self-care helps to reduce stress and tend to the multiple dimensions of whole person well-being including:

Physical (the body) – to live, move, and breathe

Physical self-care involves ensuring an overall healthy lifestyle that includes eating healthy, drinking lots of water, getting plenty of exercise; other self-care activities in this dimension might include de-cluttering your home and office (so you have a feeling of spaciousness and manageability); taking time away from computers, TV, and telephones; enjoying moments to rest and replenish.

Emotional (the heart) – to love, care, and be in relationship with self and others

Emotional self-care might include setting clear boundaries on your time and energy; engaging emotional boundaries within helping relationships, surrounding yourself with positive people and affirming or inspiring messages; addressing any issues or problems so that issues don't build up; giving and receiving love, kindness and support; spending time with people you care about and who care about you.

Psychological (the mind) – to learn, think, and grow

Psychological self-care activities might include personal and professional development; giving attention to things that are in your control (sphere of influence); taking time for personal reflection; noticing your inner experiences, thoughts and feelings; cultivating self-awareness through such things as journaling, getting feedback from others, meditation, coaching/counselling, and consultation/supervision where you have the opportunity to grow, learn and reflect.

Spiritual (the spirit) – to connect with essence, purpose, and meaning

Spiritual self-care might include prayer, meditation, ceremony, visualization, practicing gratitude, spending time in nature, being aware of the non-material aspects of your life; identifying what is meaningful to you in your work/life; practicing mindfulness and being present in the moment.

Reflective exercise:

With these four dimensions of self-care and wellness in mind, consider for a moment, your own self-care activities in these areas of your life. How do you nourish your mind, body, heart and spirit? How do you actively reduce and manage stress in both your personal and professional life? How do you recognize when you are neglecting your self-care needs? What are the ways that you cultivate emotional boundaries, making positive empathetic attachments while also separating in healthy ways? The capacity to create and sustain emotional boundaries is a key element of emotional and psychological well-being for health care professionals. It is also a necessary skill within the cycle of caring.⁴³

⁴³ *Adapted from Lynda Monk by Lyana Patrick, "Self Care for Social Workers: A Precious Commodity, An Ethical Imperative." January 2011.

Post-Traumatic Growth

Eustress, resilience and Post-Traumatic stress are examples of how stress and trauma can benefit an individual. Eustress describes short-term positive stress that provides an individual with excitement, motivation and improves performance. When someone is experiencing daily stress, it may be enjoyable if the person believes they possess the tools and attitude necessary for getting through it.

When stressors become accumulative stress, some people may handle by mastering personal resilience. Resilient people can bounce back quickly after facing something difficult. This ability to manage stress as it comes prevents them from experiencing defeat when faced with challenges.

Many people also recover from trauma with a new positive outlook on life, known as *post-traumatic growth (PTG)*. PTG is the theory that explains that positive transformation can follow a traumatic experience because the event can help the person understand themselves better, relate easier to others, and increase understanding in how to live life.⁴⁴

Indigenous culture is a way for trauma to be transformed into a healing journey of empowerment. After centuries of hardship and oppression, the Indigenous people who live today are the descendants of those who thrived despite great adversity. They already have the skills and knowledge to support one another's well-being. Increasing access to Indigenous culture, language, kinship and practices are ways that communities are coming together to share traditional history and personal experiences to strengthen themselves, support one another and ensure a better future for the next generations to come.

⁴⁴ <http://www.apa.org/monitor/2016/11/growth-trauma.aspx>

For More Information:

To learn how to manage stress in the workplace

American Psychological Association

Advances the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

- <http://www.apa.org/helpcenter/stress.aspx>
- <http://www.apa.org/monitor/2016/11/growth-trauma.aspx>

The Seeking Help Project

Provides a safe space for service providers to engage each other on issues relating to mental health and addiction.

- <http://seeking-help.com/index.html>

Non-profit HR

Creative ways to minimize burnout and encourage self-care among social sector employees.

- <https://www.nonprofithr.com/creative-ways-minimize-burnout-encourage-self-care-among-social-sector-employees/>

Other Issues Related to the Opioid Crisis

Jurisdictional Barriers

The urban Indigenous community is as vast and varied. People from all over Canada come to Vancouver, so many heritages come together here. There are misconceptions that all Indigenous people share the same customs and values – this couldn't be further from the truth. Each Nation and Tribe will have a different history and practice their own traditions and language. In BC there are over 40 Indigenous languages spoken.

The influence of colonization, Christianity and residential school shaped Indigenous cultures to various degrees as well. Some areas are able to maintain pieces of their traditional culture while others had theirs almost entirely erased. Some Indigenous communities have a high presence of alcohol and substance use and others are dry and do not permit any use at all.

In Metro Vancouver, people who identify as Indigenous may have extremely different experiences. There are those who grow up on reserve and move into urban settings and others may have been living in the city for generations. Some people have a strong affiliation with traditional culture and some may have had zero exposure to it. The urban Indigenous community is a unique melting pot where people who want to access Indigenous culture may be practising ceremonies and traditions different than what their ancestors may have done. For example, native dancing, smudging and sharing tobacco exist in some cultures, but not all of them. Someone trying to regain a connection to their culture may practise whatever is most accessible. In this way, an urban Indigenous identity and culture of eclectic practices is emerging in Vancouver.

Many people split their time on and off-reserve. Some may live in the city most of the time, but then return to the reserve for special occasions or to be with family when needed. This can cause some jurisdictional problems. For health authorities, Vancouver Coast Health is responsible for Vancouver but First Nations Health Authority supports those with Status Indian cards and those who live on reserve. When someone is moving between areas frequently, they may have issues receiving consistent services

and case management support. Working relationships with VCH and FNHA have now been established to create a unified response effort to try and address these issues and recognize that the unique issues that face urban Indigenous people will be very different than those living on-reserve.

For more info on Jurisdictional Barriers:

The Globe and Mail: How to improve Indigenous health? Address jurisdictional disputes

- <https://www.theglobeandmail.com/opinion/how-to-improve-indigenous-health-address-jurisdictional-disputes/article34928858/>

Housing

Those living on the street need immediate access to shelter. International law defines adequate housing as a right of every woman, man, youth and child to gain and sustain a safe and secure home and community in which to live in peace and dignity. However, people who dependently use substances are often denied housing because they do not meet the requirements or have the capacity to obtain it. It is recommended that the system adapt itself to meet the needs of those most in need rather than making people jump through hoops to obtain it. The phrase “hard-to-house” has become popular for describing people living in chaotic lifestyles who struggle to maintain basic shelter. This wording places responsibility on the individual and assumes that housing exists, but they are simply too difficult to be housed. A better way of framing “hard-to-house” people may be to describe them as “hard-on-housing”. This terminology shifts responsibility back to the service providers and suggests that it is the model of housing that needs to be adapted, not the people trying to access it. For example, rather than attempting to change the behaviour of people who habituated to living on the streets, a better option is to create durable housing that will securely house people who will be predictably hard on the housing. This includes having adequate maintenance people available at all times to makes repairs as needed. Housing is a basic human need and right. If it is not accessible, chances of stabilization and recovery are impossible. It is unrealistic to require someone be gain control of addiction before they are able to require a home.

Some people living on the streets do make a choice to be there, however, it must be recognized that this is a choice made in comparison to few other options. Although someone may not be interested in having a permanent address, they are most likely to want a safe, comfortable place to sleep and restore their health. A spectrum of housing options could exist outside of the parameters that currently exist.

When social housing or second stage treatment homes are being proposed in new neighbourhoods and residents may organize against them with "*not in my back yard*" protests because they fear they will bring in used discarded needles, violence from mentally ill people mentality is seen at times when. People who resist harm reduction or transitional housing programs may be unaware that these programs are designed to keep communities safer and stronger.

For more information on Housing:

CBC: Vancouver's housing and opioid crisis are linked, says addictions expert

- <https://www.cbc.ca/news/canada/british-columbia/vancouver-s-housing-and-opioid-crises-are-linked-says-addictions-expert-1.4410822>

Decriminalization

It's also important to be aware that drugs other than fentanyl can also be lethal, and that there is no quality control or regulated manufacturing process for illegal drugs.

One of the suggestions put forward to combat the opioid crisis is that BC should immediately decriminalize all illegal drugs. Legalization will take drug use out of the black market to ensure there is quality control on products being sold. This will reduce the likelihood of fentanyl contamination and will give people access to safe drugs. The traditional view has been that criminalization and punishment will detour people from using. This has shown to be ineffective because despite the severity of punishment and isolation, people still use.

For more information on Decriminalization:

Global Commission on Drug Policy: The Opioid Crisis in North America

- <http://www.globalcommissionondrugs.org/position-papers/opioid-crisis-north-america-position-paper/>

CBC: City of Vancouver calls for decriminalization of drug possession

- <https://www.cbc.ca/news/canada/british-columbia/city-of-vancouver-drug-possession-1.4570720>

Wrap-around Service Model

Wrap around services incorporate the natural support systems of clients, along with various agency personnel and community. When there is no consistent follow-up or communication between service providers, it creates a *revolving-door system*. This happens when a client accesses short-term services like housing and/or healthcare and then is released back into the environment that contributed to their problems in the first place. In Vancouver, inadequate housing is a major factor in this ongoing problem. For example, someone may receive treatment in hospital but is then released back to the street or to an unstable SRO where they will quickly become ill again causing them to return for hospitalization over and over again like a revolving door. To reduce this, there needs to be more access to walk-in services and formulated discharge and aftercare plans in place.

The traditional medical model typically treats a patient's symptom rather than the disease. For example, if someone has a headache, it is recommended that they take a Tylenol first before diagnosing what the root cause of the headache might be. This has shown to have poor success for people presenting with mental health and addictions issues. Often times, people may reach out for support long before they are in full blown mental illness or addiction. Doctors sometimes prescribe anti-depressants, anti-anxiety medications, sleeping pills and/or painkillers first and ask questions later. Doctors work long hours and see many patients, so they often do not have the time or energy to explore the root causes on an issue – especially when it comes to mental health. If a doctor provides a prescription and then does not see the patient again, they are more inclined to assume that the first course of action was successful. In Vancouver, many people are without a primary General Practitioner who they trust and will often frequent

walk-in clients. In these situations, the patient is not receiving consistent care or follow-up and there is no evaluation to know if the psychiatric medications were successful or not. A referral to a counsellor or psychiatrist may only be offered if psychiatric medications show no improvement and if the patient asks for it directly. Waitlists for psychiatric assessments can be long, but VCH has taken steps to provide immediate care for people who have mental health and addictions concerns by creating the *Access & Assessment Centre (ACC)*.

A holistic model uses a more comprehensive approach and looks at all of the factors in a person's life that may be out of balance and are contributing to the problem. It is recommended that more *wrap-around services* be in place. These programs incorporate the natural support system of the client. For example, a client's support worker would be engaging with personal supports like the client's family, friends and community to provide them with the tools for assisting one another. By involving the client's other service care providers, a plan can be made to offer support in multiple areas to reduce the chances of a client falling through the cracks to be left behind. This is particularly important for Indigenous people who usually have strong connections to their extended families and communities. It is recommended that more Indigenous liaisons and support workers are needed to help build trust and remove the barriers that prevent people from accessing services.

A complete mental healthcare system is urgently needed. The developments of the newly formed Ministry of Mental Health & Addictions are promising, however, this may take considerable time to get established.

For more information on the Wrap Around Services Model:

Wrap Canada will support communities to successfully implement the WrapAround Process with all children, youth and adults and their families dealing with varied and complex problems so that they have better lives.

- <http://www.wrapcanada.org/html/whatiswraparound.html>

Youth in Care

In BC, 68% of all children in care are of Aboriginal descent⁴⁵. There are a total of 4,418 Aboriginal children in care, and only 37.3% of these live with at least one Aboriginal foster parent. In the Metro Vancouver area, there is about one Aboriginal foster parent for 15 Aboriginal children in need of care.⁴⁶ When foster children grow out of care, they can be left in a vulnerable position with little to no support system available.

Youth and young adults learn about life through trial and error, but those leaving care can have a margin of error that is much smaller than someone who has a family support system to fall back on. For youth growing out of foster care, only a few bad judgments can lead to serious consequences.

Moving from out of home to independent adulthood is challenging at best for any young person. Children growing out of foster care need transitional support. Post-secondary education is now free for children aging out of care, however, the high costs of living and other lifestyle issues may still prevent youth from taking advantage of this offer.

For more information on Youth in Care

The Federation of BC Youth in Care Networks (FBYICN, of the Fed) is a youth driven, provincial, non-profit organization dedicated to improving the lives of young people in and from care in BC between the ages of 14 and 24.

➤ <http://www.fbcyicn.ca/>

⁴⁵ https://www2.gov.bc.ca/assets/gov/family-and-social-supports/services-supports-for-parents-with-young-children/reporting-monitoring/00-public-ministry-reports/volume_8_draftv7.pdf

⁴⁶ <http://www.statcan.gc.ca/daily-quotidien/160413/cg-a002-eng.htm>

Deinstitutionalization

Many services have been established in response to unmet needs in the community. Some argue that a complete mental health and addictions system has never been created. Harm reduction and treatment services are mostly developed in reaction to crises and hardly have the capacity to focus on prevention.

In the early part of the 20th Century there was an institutional mental health system that operated sanitariums like Vancouver's Riverview Hospital. During the 1990s, Canada moved towards de-Institutionalization and directed mentally ill people to leave inpatient care to go back into the community. This movement created to empower patients with more autonomy and independence. Unfortunately, there was insufficient funds or structures in place within the community to adequately support all of the displaced patients.

Deinstitutionalization took place all across Canada, but the effects became the most severe in Vancouver. Many displaced people from all over Canada come to Vancouver for the liberal lifestyle and mild climate. The high cost of living funnels people living on social insurance and disability into *SROs (single occupant units)* located in the *Downtown Eastside (DTES)*. These are often old, unmaintained hotels with small rooms and shared facilities. People in these environments may have difficulty accessing adequate and consistent mental health services.

For more information on Deinstitutionalization:

The Georgia Straight: Amid a mental-health crisis, Vancouver care providers revisit the debate on institutionalization

- <https://www.straight.com/news/727931/amid-mental-health-crisis-vancouver-care-providers-revisit-debate-institutionalization>

Charlene Ronquillo: Deinstitutionalization of Mental Health Care in BC: A Critical Role of Riverview Hospital from 1950-2000

- https://prism.ucalgary.ca/bitstream/handle/1880/48968/2009_HMD_Ronquillo.pdf?sequence=1&isAllowed=y

Substance Use Resource Guide

INDIGENOUS CULTURES HEAL...

Metro Vancouver Indigenous Substance Use Services

Access Immediate Mental Health & Addiction Services

Access & Assessment Centre (AAC)

24/7 Walk-in or phone consultation
604-675-3700
Joseph & Rosalie Segal & Family Health Centre
803 West 12th Avenue
Vancouver

Access Same-day Opioid Replacement Therapy

Downtown Eastside Connections Clinic

8:30am-5:30pm
7 days a week
604-675-3600
623 Powell St, Vancouver

Rapid Access Addiction Clinic (RAAC)

Mon-Fri 9am-4pm
604-806-8867
St. Paul's Hospital
2B- 184 1081 Burrard Street
2nd floor Burrard Building
Vancouver

Harm Reduction

Information for helping people who use substances to be healthy & safe

 towardtheheart.com
fnha.ca/overdose
vch.ca/overdose

Western Aboriginal Harm Reduction Society (WAHRS)

Supervised substance use site
10am-10pm everyday
604-683-6061 380 E Hastings St.

Detox Services

Links people to medical withdrawal and addiction housing services

Access Central

1-866-658-1221 7 days a week, 9am-9pm

Counselling & Support Services

Delivers culturally safe mental wellness and addictions programs for Indigenous people

 **Native Courtworkers & Counsellors Association of BC**
604-628-1143 / 1-877-811-1190

 **Aboriginal Wellness Program**
604-675-2551 2750 E Hastings St

Day Treatment Programs

Intensive outpatient services

Vancouver Addiction Matrix Program (VAMP)

All gender group or Gay/Bi men group
604-714-3480 1292 Hornby Street

Sisters Together Active in Recovery (STAR)

Mon-Fri (Times may vary), Women only
604-266-6124 220-1200 West 73rd Ave

Health Services & Naloxone Kits

Multidisciplinary comprehensive care clinics responding to the needs of the Indigenous community (naloxone kits & training available)

 **Vancouver Native Health Clinic**
604-254-9949 449 E Hastings St

 **Lu'ma Medical Centre**
604-558-8822 2970 Nanaimo St

 **Native Youth Health & Wellness Centre**
Medical, mental wellness, addiction, and cultural supports available
604-253-5885 1640 E Hastings St

Cultural Support

Assists Indigenous people transitioning to the urban Vancouver community

 **Vancouver Aboriginal Friendship Centre**
604-251-4844 1607 E Hastings St

 **Vancouver Aboriginal Community Policing Centre**
9am-5pm, Mon-Fri
604-678-3790 1719 Franklin St.

Self Help Groups

Peer-organized 12-step support groups

Alcoholics Anonymous

24/7 604-434-3933
Wed 8-10pm 1607 E Hastings St

Narcotics Anonymous

24/7 604-873-1018
Tues 8-10pm 1607 E Hastings St

Residential Addiction Services

Provides housing information, screening, referral, and placement services for adult men and adult women dealing with addiction issues

Central Addiction Intake Team (CAIT)

604-714-3487

Fraser Health Addiction Services

Aboriginal Mental Health and Substance Use Services

Surrey, Delta, White Rock, Langley, & Tswassen 604-953-4900 x763041
Mission 604-814-5642

 **Fraser Region Aboriginal Friendship Centre Association**
604-595-1170 A101-10095 Whalley Blvd
Surrey BC

 **Spirit of the Children Society**
604-524-9113 201-768 Columbia St.
New Westminister

Fraser Health Crisis Line

1-877-820-7444

Crisis Lines

 **KUU-US Crisis Support Service**
24/7 1-800-588-8717

Mental Health Support Line

24/7 310-6789

Referral Lines

Alcohol & Drug Information Referral Service

24/7 1-800-663-1441

Nurses' Line Call 8-1-1

Connect directly with a registered nurse

BC 211 Call 2-1-1

Provides free information and referral regarding, community, government, and social services

 **Indigenous-specific organization**



MVAEC

Metro Vancouver Aboriginal Executive Council

Suite 004-1607 East Hastings Street, Vancouver, BC, V5L 1S7
Phone: (604) 255-2394 | Website: www.mvaec.ca

Section 5: Resource Guide

Resource Guide

- ✚ **Overdose Response**
- ✚ **Opioid Agonist Therapy (OAT)**
- ✚ **Treatment Options**
- ✚ **Outpatient Programs**
- ✚ **Indigenous Residential Treatment Programs**
- ✚ **Mental Health & Substance Use Services**
- ✚ **Youth Services**
- ✚ **Cultural Support**
- ✚ **Indigenous Mental Wellness**
- ✚ **Indigenous Health Services**
- ✚ **Telehealth Services**
- ✚ **Crisis Support Lines**

Overdose Response

Naloxone Kits, Training, & Harm Reduction Distribution Sites

Toward the Heart

To access free drug use supplies such as *needles & syringes, sterile water, acidifiers, cookers, tourniquets, and sharps containers* go to <http://towardtheheart.com/site-finder> for the most updated list of harm reduction sites.



Mobile Needle Exchange

Used needles are collected and clean needles are provided to prevent the spread of infections. There are needle boxes located at various locations around Vancouver for people to properly dispose of their needles. If a needle is found, the **Needle Van** will also come and safely dispose used needles in Vancouver.



For new needles and disposal of used needle call **(604) 657-6561**

Supervised Consumption Services & Overdose Prevention Sites (OPS)

The following locations offer supervised substance use places where people can use safely. *For the most updated locations and availability of drug checking services visit <http://www.vch.ca/Documents/VCH-overdose-alert.pdf>.*

Insite

Offers supervised injections, harm reduction supplies, drug testing, health care service and overdose intervention care for anyone using drugs who is over the age of 19.

Call **(604) 687-7483**

<https://www.phs.ca/project/insite-supervised-injection-facility/>

Location: 139 East Hastings St, Vancouver

Powell Street Getaway

Offers a safe consumption site, peer volunteer programming, drug testing, mental health community connection and outreach support.

Call **(604) 255-7026**

<https://lookoutsociety.ca/project/powell-street-getaway-resource-centre/>

Location: 528 Powell St, Vancouver

Vancouver Area Network of Drug Users (VANDU)

Operates a supervised consumption site and promotes local, regional and national harm reduction education & interventions for people who use illicit drugs, their families and communities.

Call **(604) 683-6061** or visit www.vandu.org/ Location: 380 E Hastings St, Vancouver

Western Aboriginal Harm Reduction Society (WHARS)

Offers harm reduction education through various programs workshops and healing circles for Aboriginal people who use illicit drugs and/or alcohol.

Call **(604) 683-6061** or visit <http://wahrs.ca/>

Location: 380 E Hastings St, Vancouver

Opioid Agonist Therapy (OAT) or Opioid Substitution Therapy (OST)

In Vancouver, clients can receive same-day OST at St. Paul's Hospital's **Rapid Access Addiction Centre (RAAC)** and at **Downtown Eastside Connections**. The **Crosstown Clinic** offers a medical program where patients can qualify to receive medical-grade heroin in supervised clinic.

Downtown Eastside Connections Clinic

This is a low-barrier addictions clinic offering rapid access to oral opioid agonist treatments, connections to services & housing, and mental & primary health care.

Call **(604) 675-3600**

Location: Clinic is located through the alley entrance of 623 Powell St, Vancouver

Overdose Outreach Team

Offers follow-up to establish a connection to addictions care after opioid overdose and serves those at high risk for overdose. Services include navigation to appropriate services, support in accessing opioid agonist therapy, and overdose prevention education. Self-referral or referrals from others are accepted.

Call **(604) 360-2874**

http://redbookonline.bc211.ca/service/54679286_54679286/overdose_outreach_team

Providence Crosstown Clinic

This is the only clinic in North America that offers medical-grade heroin (diacetylmorphine) and the legal hydromorphone within a supervised clinical setting to chronic substance use patients.

Call **(604) 689-8803**

<http://www.providencehealthcare.org/hospitals-residences/providence-crosstown-clinic>

Location: 84 West Hastings St (at Abbott), Vancouver

Rapid Access Addiction Clinic (RAAC)

The RAAC is a short-term outpatient addiction clinic providing consultation and stabilization for individuals with substance use disorders. Clients can get immediate support from a physician, nurse or social worker for substance or addiction issues. To access the RAAC, ask a doctor, nurse or counselor to refer you or you can call them directly. Services are free and an ID or CareCard is not necessary.

Call **(604) 806-8867** Location: St. Paul's Hospital 2B-184 1081 Burrard St. – 2nd Floor Burrard Building <http://www.providencehealthcare.org/rapid-access-addiction-clinic-raac>

Treatment Options

Detox Referral Line

This service links people to detox and addiction housing services and is for adults who require detoxification. They will receive immediate screening by health care workers, who set up appointment times with the provider that most suits a client's needs.

Methadone-using clients wanting to withdraw from other substances may be accepted. They also provide housing information, screening, referral, and placement services for adult men and women dealing with addiction issues.

Daytox is another option available for people requiring supervised medical supervision and withdrawal management support. There is flexibility to receive medications and support around the client's schedule.

Call **(866) 658-1221** http://www.vch.ca/Locations-Services/result?res_id=1188

Sheway

Provides health and social services supports to help women have healthy pregnancies. This service is available to pregnant women and women with infants under eighteen months who are dealing with drug and alcohol issues.

Call **(604) 216-1699** or visit <http://sheway.vcn.bc.ca/>

Location: 101-533 E Hastings St, Vancouver

START

Provides rapid access to at-home detox with a mobile nurse unit and access to medications like Suboxone. This service is available to those 19 and older, living in Vancouver, and in a safe, stable substance-free environment.

Call **(604) 675-2455**

Outpatient Programs

Other outpatient treatment programs like offer group and individual support in flexible multi-week programs.

Sisters Together in Active Recovery (STAR)

This outpatient treatment program offers acupuncture, SMART Recovery groups, counselling, harm reduction and access to rehabilitation free of charge for women having problems related to alcohol or drugs (bisexual, gay, and transgender women welcome). Call **(604) 266-6124** Location: 1200 West 73rd Avenue

http://redbookonline.bc211.ca/service/9506234_9506234/star_sisters_together_active_in_recovery

Vancouver Addictions Matrix Program (VAMP)

A 16-week outpatient stimulant addiction treatment day/evening program including offering group and individual counselling Youth 16-25, adult men & women, and gay/bi men.

Call **(604) 714-3480** Location: 1292 Hornby St, Vancouver

http://www.vch.ca/Locations-Services/result?res_id=1016

Indigenous Residential Treatment Programs

All My Relations Indigenous Recovery & Healing Centre

The **All My Relations** program is unique because it is a residential program that offers culturally authentic treatment programming for Indigenous men recovering from substance use issues. To inquire about the program and available spots, you can call their referral line. Call **(604) 451-9854** or toll free **(888) 940-9854**

First Nations NNADAP Centres

In British Columbia, there are currently 10 residential treatment centres funded through the **National Native Alcohol and Drug Abuse Program (NNADAP)**. These centres offer a variety of cultural and clinical interventions and support for First Nations people. Services are offered to males, females, youth, and families. Services offered vary but include services to clients with: physical disabilities; concurrent disorders; clients on methadone; family treatment; couples counselling; clients on suboxone; pregnant women; and clients on psychoactive medications.⁴⁷

Call FNHA at **(604) 693-6500** or toll-free at **(866) 913-0033**

Mental Health & Substance Use Services

Mental Health Services: Access & Assessment Centre (AAC)

The AAC is the first place to contact if you, or someone you know, is looking for immediate support for mental health and/or substance use issues. No referral is needed to access service here and request support. The AAC has a staff of nurses, social workers, and psychiatrists who are available to offer support 24/7. This service is located at **Vancouver General Hospital (VGH)** and is offered to residents of Vancouver. People can get consult a professional over the phone or walk-in.

Call **(604) 675-3700** – available 24/7, 365 days a year

Walk in: Joseph & Rosalie Segal & Family Health Centre, Level 1 East Entrance, 803 W 12th Ave <http://www.vch.ca/your-care/mental-health-substance-use/vancouver-access-assessment-centre>

⁴⁷ <http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres>
<http://www.fnha.ca/Documents/First-Nations-Treatment-Centres-in-BC.pdf>

Youth Services

Youth Mental Health Services

Mental health programs are available for children and youth 16 years of age and younger. Mental health teams offer a range of services including assessment, treatment, consultation, therapy, day programs and parent education. These services are all free of charge and available to residents in the Vancouver Coastal Health area.

Call (604) 675-3895 or visit: <http://www.vch.ca/your-care/mental-health-substance-use/children-youth-mental-health-services>

Urban Native Youth Association (UNYA)

Urban Native Youth Association (UNYA) is the largest centre for urban Indigenous youth in Vancouver. They offer a variety of health, cultural and addiction services. Their website lists a calendar of monthly activities and drop-ins available. The following are services UNYA offers:

Aboriginal Outreach Team: Provides street outreach services to youth ages 12-18 years old who are, or at risk of becoming, street entrenched.

Aboriginal Transition Team: Provides non-judgmental, one-to-one support to Indigenous youth ages 16-18 years old involved with the Ministry of Children & Family Development (MCFD).

Aboriginal Youth Worker: Works with Indigenous youth living in Vancouver's Eastside to provide non-judgmental support and offer youth healthy alternatives to street involvement.

Alcohol & Drug Counsellors: Counsellors facilitate group workshops, life skills, alcohol & drug awareness, communications skills, resource information and referrals, and cultural enrichment.

Aboriginal Youth Safehouse (ASH): A voluntary, short-term, live-in program for youth ages 16-18 years old of all backgrounds who do not have a place to stay. Provides

nutritious meals, helps find housing, work & education, clothing, bus tickets, and connection to Indigenous culture

Ravens Lodge: Empowers youth to make healthy lifestyle choices to create positive changes in their lives by providing a safe environment, using culture as therapy, making referrals to community resources, and offering one-to-one support, cultural activities and ceremonies. Five beds available for female youth ages 11-15 years old who are in the care of Vancouver Aboriginal Children & Family Services (VACFSS).

Young Bears Lodge: The lodge is a culturally-based, live-in empowerment program focused on recovery from alcohol and drug misuse/abuse for Indigenous youth ages 13-18 years old. The Lodge is a sixteen-week voluntary co-ed residential program. There are five beds and four intake phases.

Call **(604) 254-7732** or visit <https://unya.bc.ca/>

Location: 1618 East Hastings St, Vancouver

Directions Youth Services

Directions youth detox is social, non-medical, detox in a home-like environment that provides stays of 7 days or more to people 21 & under. This program is entirely voluntary, meaning that youth can choose to leave at any time and operates on a harm-reduction model. Directions provides programs in health, welfare, social services, human rights, culture, education, recreation and equality for all genders and age groups of Aboriginal people.

Call **(604) 633-1472** or toll free **(866) 249-6884**

<https://directionsyouthservices.ca/>

Location: Across from St. Paul's Hospital at 1138 Burrard St, Vancouver

Services for Mothers

Sheway

Sheway is a Pregnancy Outreach Program (P.O.P) located in the Downtown Eastside of Vancouver. The program provides health and social service supports to pregnant women and women with infants under eighteen months who are dealing with drug and alcohol issues. The focus of the program is to help the women have healthy pregnancies and positive early parenting experiences.

Call **(604) 216-1699** or visit <http://sheway.vcn.bc.ca/>

Location: 101-533 East Hastings St, Vancouver

Aboriginal Mother Centre Society (AMCS)

The Aboriginal Mother Centre is dedicated to moving at-risk mothers and their children off of the streets. They provide support, tools and resources all under one roof to help mothers rebuild the health, self-esteem, and skills they need to regain and retain a healthy home.

Call **(604) 558-2627** or visit <http://www.aboriginalmothercentre.ca>

Location: 2019 Dundas St, Vancouver

Spirit of the Children Society (SOTCS)

SOTCS is an Aboriginal non-profit serving families in the Burnaby, New Westminister, and the Tri-Cities area. They work to empower and strengthen Aboriginal families by providing support and resources through the variety of programs they offer.

Call **(604) 524-9113** or visit <https://www.sotcs.ca/>

Location: 201-768 Columbia St, New Westminister, BC (located near New Westminister Skytrain Station)

Fir Square Combined Care Unit

Fir Square is a combined Care Unit that provides care to women using substances and infants exposed to substances. They provide care and support to mothers throughout their pregnancies and afterward. Fir Square will help support mothers and their babies transition back into their communities after giving birth.

Call **(604) 875-2229**

Visit <http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/pregnancy-drugs-alcohol>

Location: Entrance door #93, BC Women's, 2nd floor 4500 Oak St, Vancouver

Vancouver Aboriginal Child & Family Services Society (VACFSS)

VACFSS provides a wide range of delegated and non-delegated services to help urban Aboriginal children and families. These services currently fall within four departments: Guardianship, Residential Resources, Child Protection, Family Preservation and Reunification. Each program works to support children and families in overcoming their challenges and staying connected to their cultures.

Call **(604) 872-67623** or visit <http://www.vacfss.com>

Location: 745 Clark Drive, Vancouver

Cultural Support

Friendship Centres

These centres emphasize philosophies and values of Aboriginal cultures and traditions striving to provide holistic and cultural services to all of its community members.

Vancouver Aboriginal Friendship Centre Society (VAFCS)

Provides programs in health, welfare, social services, human rights, culture, education, recreation and equality.

Call **(604) 251-4844** or visit www.vafcs.org Location: 1607 E Hastings St, Vancouver

Fraser Region Aboriginal Friendship Centre:

Provides programs in violence prevention, child youth & family support, Positive Health Outreach and homelessness outreach.

Call **(604) 595-1170** or visit www.frafca.org

Location: A101 – 10095 Whalley BLVD, Surrey BC

Culture Saves Lives

Offers low-barrier access to Indigenous culture in the Downtown Eastside. **Culture Saves Lives** provides access to culture to inner-city urban First Nations people. This organization organizes ceremonies and helps to guide people to safe healing space to build a model of community care. www.culturesaveslives.com



Nis'ga'a Ts'amiks Vancouver Society

Provides liaison and contact between Nisga'a Lisims Government and Nisga'a citizens of the Greater Vancouver area, Victoria and Nanaimo regions of British Columbia to deliver social services that promote individual, family and community wellness.

Call **(604) 646-4944** or visit <http://www.tsamiks.com/>

Location: 3983 Dumfries St, Vancouver

Vancouver Community Policing Centre

Provides resources, programs and advocacy to Vancouver's Aboriginal community.

Call **(604) 678-3790** or visit <http://vacpc.org/>

Location: 1719 Franklin St, Vancouver

Indigenous Mental Wellness

Aboriginal Wellness Program (A.W.P.)

They offer culturally safe mental wellness and addiction programs for First Nations and Aboriginal people residing within the Lower Mainland. Services include counselling,

therapeutic groups and cultural support & teachings.⁴⁸ AWP uses a holistic, client-centered approach to build on the client's current strengths. Elders and Traditional Practitioners are brought in for specific purposes based on the client's needs and cultural support is tailored to each person's cultural and spiritual beliefs.⁴⁹

This program develops and delivers culturally safe mental wellness and addiction programs for First Nations and Aboriginal people residing within the Lower Mainland.

Call **(604) 675-2551**

http://www.vch.ca/Locations-Services/result?res_id=1017

Location: Suite 288 – 2750 E Hastings St., Vancouver

Indian Residential Schools Resolution Health Support Program

A national Indian Residential School Crisis Line has been set up to provide support for former Residential School students. You can access emotional and crisis referral services by calling 24-Hour National Crisis Line. Call **1-866-925-4419**

Metro Vancouver Indigenous Services Society



MVISS will apply Indigenous culture as a way of reaching Indigenous people who may have challenges seeking help from non-Indigenous agencies. All staff will be trained in a culturally-based, trauma-informed practice model which is at the heart of this new services. Beyond one to one counselling, group healing work will address issues like sexual abuse, residential school related traumas, and cumulative loss.

Call **(604) 255-2394** or visit www.mviss.ca

Location: 100 – 2732 East Hastings St, Vancouver (corner of Slocan, 2nd floor)

Native Courtworkers and Counsellors Association of BC (NCCABC)

NCCABC offers Alcohol & Drug Outpatient Services. Their Alcohol and Drug team can assist with addressing substance use and



⁴⁸ <http://www.vch.ca/your-care/aboriginal-health>

misuse issues, can provide counselling, crisis intervention, service referrals and provide follow-up and after-care treatment.

Call **(604) 628-1143** or visit <http://nccabc.ca/>

Indian Residential School Survivors Society

This service provides Individual, couples, group counseling; art therapy, psychology educational groups, circles and crisis counselling to Indian Residential School Survivors.

Call **(800) 721-0066**

<https://fnbc.info/org/indian-residential-school-survivors-society>

Indigenous Health Services

Naloxone kits, harm reduction support, and health services are offered by these Indigenous health clinics.

Vancouver Native Health Society (VNHS) Clinic

This is a multidisciplinary comprehensive care clinic responding to the needs of the Aboriginal and non-Aboriginal community. They deliver medical, counselling, and social services.

Call **(604) 254-9949** or visit <http://www.vnhs.net/>

Location: 455 E Hastings St, Vancouver

Lu'ma Medical Centre

They provide culturally integrated, safe health care for Indigenous individuals and their families. Indigenous physicians, traditional healers, and counsellors are available here to improve health outcomes with a variety of wholistic approaches, activities and healing practices.

Call **(604) 558-8822** or visit <http://lnhs.ca/luma-medical-centre/>

Location: 2970 Nanaimo St, Vancouver

Native Youth Health & Wellness Centre

This service can be accessed for free by Indigenous youth ages 12-24 years. Youth can pick up naloxone kits and harm reduction supplies. The wellness centre is staffed by a nurse practitioner (NP), counsellors, registered midwives and Elders.

Call **(604) 253-5885**

<https://unya.bc.ca/programs/native-youth-health-wellness-centre/>

Location: 1618 East Hastings St, Vancouver

Telehealth Services

Nurse's Line 811

8-1-1 is a free provincial health information and advice phone line available in British Columbia. By calling 8-1-1, you can speak to a health navigator who can help you find services or connect you directly with a registered nurse, dietitian, exercise professional or pharmacist.



Just dial **8-1-1** or visit <https://www.healthlinkbc.ca/>

Rapid Access to Consultative Expertise (RACE)

RACE is an innovative model of shared care involving a telephone advice line where family physicians/nurse practitioners can call one phone number and choose from a selection of speciality services for real-time telephone advice. Available Monday to Friday, 8 am to 5 pm.

Download the app to your smartphone or call **(604) 696-2131**

BC 211

BC211 is a non-profit organization that specialized in providing free information and referral regarding community, government and social services.

To access their database of simply dial **2-1-1** or visit their website www.bc211.ca.



Alcohol and Drug Information and Referral Service (ADIRS)

ADIRS provides free, confidential information and referral services to British Columbians in need of support with any kind of substance use issue (alcohol or other drugs). Information is available on prevention resources, support groups, and addiction related topics. Call **1 (800) 663-1441** this line is open 24 hours a day, 7 days a week.

Crisis Support Lines

Crisis lines are available 24/7 free of charge to non-judgmental, unbiased support someone during a time of stress. Operators are trained in evidence-based crisis de-escalation, coping support, problem-solving, referrals, and suicide intervention.

In BC, you can access:

Mental Health Support Line

This line is available to provide emotional support, information and resources specific to mental health. Call **310-6789** (no area code needed)

KUU-US Crisis Support

KUU-US operates a 24-hour crisis line to support Aboriginal people throughout British Columbia. They offer emotional support, risk assessment, safety monitoring, and 24hr Local Crisis Mobile Outreach Services.

Call **(250) 723-4050** or **(800) 588-8717**

Visit Online: <http://www.kuu-uscrisisline.ca/services-programs/24-hour-crisis-line/>

1-800-SUICIDE

Support calls focus on skilled suicide assessment, prevention, and intervention through emergency mental health teams and other emergency services if needed.

Call **(800) 784-2433**

Emergency

In any case of emergency that requires immediate action from the police, fire or ambulance, call **9-1-1**

Services Directory:

Substance Use Services

For website information for any of these services, please visit our services page at

www.mvaec.ca

RESOURCE	SERVICES	DEMOGRAPHICS	HOURS	LOCATION	PHONE
ABORIGINAL PATIENT NAVIGATOR (APN)	Provides confidential referral, advocacy, and support to Aboriginal patients accessing health care services	Aboriginal patients in the VCH area	Monday to Friday 9 am – 5 pm	288-2750 E Hastings St, Vancouver	1 (877) 875-1131
ABORIGINAL WELLNESS PROGRAM (AWP)	Adult Counselling, Support Groups, Cultural support & teachings	First Nations & Aboriginal people within Lower Mainland	Mon-Fri, 9 a.m. – 5 p.m. Closed for lunch 12 p.m. – 1 p.m. Closed on statutory Holidays	2750 E Hastings St. Suite 288	(604) 675-2551
ABORIGINAL PATIENT NAVIGATORS	Traditional medicine, advocacy, liaison, reporting discrimination, and resource referrals	Indigenous patients accessing health services within VCH health services area		VCH Health Services Delivery Area	1(800) 875-1131
ACCESS & ASSESSMENT CENTRE (AAC)	Short term mental health and substance use treatment on-site, by telephone and by mobile response	City of Vancouver residents ages 17+ who are experiencing a mental health or substance use issue	24/7, 365 days a year	Joseph & Rosalie Segal & Family Health Centre Level 1 East Entrance 803 West 12 th Avenue	(604) 675-3700
ALCOHOL DRUG INFORMATION AND REFERRAL SERVICES	Free confidential information and referral services for any kind of substance use issue	Residents of BC	24 hours a day, 7 days a week	Phone service	(604) 660-9382
ALCOHOLICS ANONYMOUS	Peer support group for recovery of alcoholism	Anyone interested in abstinence from alcohol	24 hours, 7 days a week	Global network	(604) 434-3933

ALL MY RELATIONS (TWC)	90 day residential program combining 12-step recovery with Indigenous healing practices	Indigenous men, non-Indigenous men welcome	Inpatient care	Surrey, BC	(604) 451-9854
BC ASSOCIATION OF COUNSELLORS	A directory for finding Registered Clinical Counsellors (RCC) in BC	Services available at market rates	Call for availability	British Columbia	1 (800) 909-6303
BC PROBLEM GAMBLING HELP LINE	Provides access to information about, or referrals to, free, problem gambling education and support services	Anyone in BC	24 hours, 7 days a week	British Columbia	1 (888) 795-6111
DETOX REFERRAL LINE	Substance use counselling, needs assessment and treatment recommendations	Adults in VCH region	7 days a week, 9 a.m. – 9 p.m.	Various locations	(866) 658-1221
DOWNTOWN EASTSIDE CONNECTIONS CLINIC	Low-barrier addictions clinic offering rapid access to oral opioid agonist treatments, connections to services & housing, and mental & primary health care	Adults with opioid use disorders	Mondays to Fridays: 8:30 a.m. to 7:30 p.m. Weekends and statutory holidays: 8:30 a.m. to 5:30 p.m.	623 Powell St. (alley entrance)	(604) 675-3600

RESOURCE	Services	Demographics	Hours	Location	Contact
DRUG USERS' RESOURCE CENTRE	Offers primary care and methadone clinic, user group specific programming and education, barrier-free health and therapeutic interventions, housing support, referrals, & advocacy	All members of the DTES community	Monday to Fridays: 10 a.m. to 4 p.m.	412 East Cordova	(604) 678-8278

DUDE'S CLUB	Facilitates participant-led community for men's wellness by providing access to an Elder, health practitioner and shared meals & regular activities	Indigenous men	Call for availability	Various locations	(778) 244-8363 (leave a message)
FAMILY SERVICES OF GREATER VANCOUVER (FSGV)	Counselling services available at sliding scale fees based on household income	Open to anyone	Call for availability	201-1638 E Broadway, Vancouver	(604) 874-2938
FIR SQUARE COMBINED CARE UNIT	Provides care to women using substances and infants exposed to these substances	Pregnant women who use substances	Call for availability	2 nd Floor, 4500 Oak St	(604) 875-2229
INSITE	Supervised injections, harm reductions supplies, drug testing, health care services and overdose intervention care	Anyone using drugs 19 and over	7 days a week from 9 a.m. to 3 a.m.	139 East Hastings St	(604) 687-7483
INDIAN RESIDENTIAL SCHOOL SURVIVOR SOCIETY	Supports survivors with crisis counselling, court support, and information	Survivors of Residential School	24hr	413 West Esplanade, North Vancouver	1 (800) 721-0066
MAPLE HOTEL (ALLEY)	Overdose prevention site	Open	7am-5pm, 7 days/ a week	177 East Hastings St, Vancouver	
METRO VANCOUVER INDIGENOUS SERVICES SOCIETY (MVISS)	Offers individual, family, and group counselling using culturally-based, trauma-informed practice	Indigenous people in the VCH area	Monday to Friday 9 am to 4:30 pm	100-2732 E Hastings St, Vancouver (Corner of Slocan, 2 nd floor)	(604) 255-2394 x 113
MOBILE RESPONSE TEAM	Provides education, and crisis response services to support frontline workers impacted by overdose	Frontline staff, first responders, peers, and volunteers working in the opioid crisis	Call for availability	British Columbia	(604) 290-3484
MOLSON ALLEY	Overdose prevention site	Open	1pm-11pm 7 days a week	166 East Hastings St, Vancouver	









NARCOTICS ANONYMOUS (NA)	Peer support for those wanting to be abstinent from substance use	Open	24hr	Vancouver	(604) 873-1018
NATIVE COURTWORKERS AND COUNSELLORS ASSOCIATION OF BC (NCCABC)	Offers counselling, crisis intervention, referrals, networking, and after-care treatment	Indigenous adults, youth & families	8:30 a.m. to 4:30 p.m. Tuesdays 10 a.m. to 4:30 p.m.	520 Richards St, Vancouver	(604) 985-5355
NNADAP TREATMENT CENTRES	FNHA funds 10 treatment centres for concurrent disorders, methadone treatment, and counselling with cultural and clinical interventions	All genders, youth and families	Monday to Friday 9 a.m. to 5 p.m.	Various locations in BC	(604) 693-6500
OVERDOSE OUTREACH TEAM	Offers follow-up to establish a connection to addictions care after opioid overdose	Anyone who has experienced an overdose in the VCH area	Monday to Friday 8 am to 8pm	524 Powell St, Vancouver	(604) 360-2874
OVERDOSE PREVENTION SOCIETY	Peer-based services offering supervised drug consumption and inhalation	Open	8am – 11pm 7 days/week	58/62 East Hastings St, Vancouver	(778) 952-2015
PHS MOBILE NEEDLE EXCHANGE	Picks up used needles, empties city needle boxes, and delivers harm reductions supplies	Anyone within Vancouver city limits		Vancouver	(604) 657-6561
POWELL STREET GETAWAY	Offers a safe consumption site, peer volunteer programming, drug testing, mental health community connection and outreach support	All ages	7 days a week 9 a.m. to 9 p.m.	528 Powell St	(604) 255-7026
Providence Crosstown Clinic	Offers medical-grade heroin and legal analgesic hydromorphone within a supervised clinical setting	Chronic substance use patients	Monday to Friday 8 a.m. to 3 p.m.	84 West Hastings St	(604) 689-8803
RAPID ACCESS ADDICTION CENTRE (RAAC)	Offers short-term Suboxone or methadone therapy and makes referrals for ongoing support	Patients seeking treatment for substance use disorders	Monday to Friday 9 a.m. to 4 p.m.	Room 2B-184 2 nd Floor Burrard Building St. Paul's Hospital	(604) 806-8867










RAVEN SONG COMMUNITY HEALTH CENTRE	Provides public & community health services, mental health & addiction services, home health and youth health services	All ages	Monday to Friday 8:30 a.m. to 4:30 p.m.	2450 Ontario St	(604) 709-6400
SHEWAY	Health and social service supports to help women have healthy pregnancies	Pregnant women & women with infants under eighteen months who are dealing with drug and alcohol issues	Monday to Friday 8:30 a.m. to 4:30 p.m.	101-533 E Hastings St	(604) 216-1699
SISTERSPACE	Overdose prevention site	Women only	6am-noon & 6pm-midnight, 7 days/week	135 Dunlevy Ave, Vancouver	(604) 681-4437
SISTERS TOGETHER ACTIVE IN RECOVERY (STAR)	Outpatient treatment program offering acupuncture, SMART Recovery groups, counselling, harm reduction and access to rehabilitation free of charge	Women having problems related to alcohol or drugs (bisexual, gay, and transgender women welcome)	Monday to Friday 8:30 a.m. to 5 p.m.	1200 West 73 rd Avenue	(604) 266-6124







RESOURCE	Services	Demographics	Hours	Location	Contact
START	Provides rapid access to at-home detox with a mobile nurse unit and access to medications like Suboxone	19 and older, living in Vancouver, and in a safe, stable substance-free environment	Call for availability	Mobile unit	(604) 675-2455
TOWARD THE HEART	Provides harm reduction supplies, naloxone kits, training and outreach education	Businesses, non-profits, health staff and community	Visit website	Outreach services	towardtheheart.com
VANCOUVER ADDICTIONS MATRIX PROGRAM (VAMP)	A 16-week outpatient stimulant addiction treatment day/evening program including offering group and individual counselling	Youth 16-25, adult men & women, and gay/bi men	Call for intake	1292 Hornby	(604) 714-3480
VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)	Operates a supervised consumption site and promotes local, regional and national harm reduction education & interventions	People who use illicit drugs, their families and communities	7 days a week, 10 a.m. to 10 p.m.	380 E Hastings St	(604) 683-6061

WESTERN ABORIGINAL HARM REDUCTION SOCIETY (WAHRS)	Offers harm reduction educations through various programs, workshops and healing circles	Aboriginal people who use illicit drugs and/or alcohol	Call for availability	380 E Hastings St	(604) 683-6061
WISH DROP-IN CENTRE SOCIETY	Provides drop-in, healthcare, education, cultural support, advocacy, therapy and employment programming	Vancouver women involved in street-based sex trade	Call for availability	334 Alexander St	(604) 669-9474
YOUTH MENTAL HEALTH SERVICES	Offers mental health programs with assessment, treatment and therapy for youth	Available to young children, children in school and young adults in VCH area	Call for availability	VCH area	(604) 675-3895

MVAEC Services


Organization	Services	Demographic	Hours	Address	Phone Number
 Aboriginal Community Career Employment Services Society	Provides education, training, counselling, support and financial services	Urban Aboriginal Community	Monday to Friday 9 a.m. to 4 p.m.	100 Park Royal, West Vancouver	(604) 913-7933
 Aboriginal Front Door Society (AFD)	Offers drop-ins, healing circles, life skills & transitional services	Aboriginal peoples in the DTES	Monday to Friday 8 a.m. to 12 p.m.	384 Main St Dock, Vancouver	(604) 697-5662
 Aboriginal Mother Centre Society	Transformational housing, licensed daycare, family support & homelessness outreach	Aboriginal mothers and children at risk of homelessness	Call for availability	2019 Dundas St, Vancouver	(604) 558-2627
 Canadian Aboriginal AIDS Network (CAAN)	Provides leadership, support & advocacy	Aboriginal people affected by HIV & AIDS	Monday to Friday 8 a.m. to 4 p.m.	6520 Salish Drive, Vancouver	(604) 266-7616
 Circle of Eagles Lodge Society (COELS)	Men's and women's residences, pre-employment programming, cultural healing & life skills	Aboriginal people re-entering their communities	Monday to Friday 8 a.m. to 4 p.m.	1470 East Broadway, Vancouver	(604) 874-9610
 Federation of Aboriginal Foster Parents (FAFP)	Offers targeted development, recruitment and training of Aboriginal foster families	Aboriginal foster families	Call for availability	3455 Kaslo St, Vancouver	(604) 291-7091
 Fraser Region Aboriginal Friendship Centre (FRAFCA)	Violence prevention, child, youth & family support, Positive Health Outreach and homelessness outreach	Indigenous people in Surrey	Monday to Friday 8:30 a.m. to 4:30 p.m.	A101-10095 Whalley BLVD, Surrey	(604) 584-2008
 Helping Spirit Lodge Society (HSLs)	Provides shelter, support, education and a connection to community and cultural identity	Indigenous women, children and families	Monday to Friday 8:30 a.m. to 4:30 p.m.	3973 Dumfries St, Vancouver	(604) 874-6629

	Kekinow Native Housing Society	Provides safe, subsidized, affordable, long-term rental accommodation	People with Aboriginal ancestry and with limited income	Call for availability	1014-7445 132 nd St, Surrey	(604) 591-5299
	Lu'ma Native Housing	Access to medical care, youth mentorship, and housing	Aboriginal families & individuals with low to moderate income	Monday to Friday 8:30 a.m. to 4 p.m.	2960 Nanaimo St, Vancouver	(604) 876-0811
	Metro Vancouver Indigenous Services Society	Applies Indigenous culture and clinical counselling practices	Indigenous adults		100-2732 E Hastings St, Vancouver	(604) 255-2394
	Native Education College (NEC)	Offers certificate and diploma programs in health care, counselling, tourism or administration	Indigenous learners	Monday to Friday 8:30 a.m. to 4 p.m.	237 East 5 th Ave, Vancouver	(604) 873-3772
	Nisga'a Ts'amiks Vancouver Society	Provides social, economic, physical, cultural and spiritual well-being	Nisga'a Citizens residing in Vancouver	Monday to Friday 9 a.m. to 5 p.m.	3983 Dumfries St, Vancouver	(604) 646-4944
	Pacific Association of First Nations Women (PAFNW)	Provides quality care, support networks and advocacy	First Nations women	Monday to Friday 9 a.m. to 4:30 p.m.	2017 Dundas St, Vancouver	(604) 872-1849
	Spirit of the Children Society (SOTCS)	Individual and group support programs connecting clients to Aboriginal Elders, role-models and cultural resources	Aboriginal families in Burnaby, New Westminister, and Tri-Cities area	Monday to Friday 8:30 a.m. to 4:30 p.m.	201-768 Columbia St, New Westminister	(604) 524-9113
	Urban Native Youth Association (UNYA)	Delivers education & training, personal support, live-in programs & recreation	Urban Indigenous youth	Monday to Friday 1 p.m. to 8 p.m.	1618 E Hastings St, Vancouver	(604) 254-7732
	Vancouver Aboriginal Child & Family Services Society	Services for guardianship, residential resources, child protection and family preservation & reunification	Aboriginal children & families	Monday to Friday 8:30 a.m. to 4:30 p.m.	745 Clark Dr, Vancouver	(604) 872-6723

 <p>Vancouver Aboriginal Community Policing Centre VACPC Vancouver Aboriginal Community Policing Centre Society</p>	<p>Provides resources, services, programs and advocacy</p>	<p>Vancouver's Aboriginal community</p>	<p>Monday to Friday 9 a.m. to 5 p.m.</p>	<p>1719 Franklin St, Vancouver</p>	<p>(604)-678-3790</p>
 <p>Vancouver Aboriginal Friendship Centre Society (VAFCS)</p>	<p>Provides programs in health, welfare, social services, human rights, culture, education, recreation and equality</p>	<p>Aboriginal people of all genders & all age groups</p>	<p>Monday to Friday 9 a.m. to 5 p.m.</p>	<p>1607 E Hastings St, Vancouver</p>	<p>(604) 251-4844</p>
 <p>Vancouver Aboriginal Transformative Justice Services Society (VATJSS)</p>	<p>Provides justice, homelessness and outreach prevention services</p>	<p>Aboriginal people within Metro-Vancouver</p>	<p>Monday to Friday 9 a.m. to 5 p.m.</p>	<p>2982 Nanaimo St, Vancouver</p>	<p>(604)-251-7200</p>
 <p>Vancouver Native Health Society (VNHS)</p>	<p>Delivers comprehensive medical, counselling and social services</p>	<p>Vancouver's DTES Aboriginal community</p>	<p>Call for availability</p>	<p>455 E Hastings St, Vancouver</p>	<p>(604) 254-9949</p>
 <p>Vancouver Native Housing Society (VNHS)</p>	<p>Provides safe, secure and affordable housing</p>	<p>Urban Aboriginal community</p>	<p>Monday to Friday 8:30 a.m. to 4:30 p.m.</p>	<p>1726 E Hastings St, Vancouver</p>	<p>(604) 320-3312</p>
 <p>Warriors Against Violence Society (WAVS)</p>	<p>Offers programs to heal issues related to violence and domestic abuse</p>	<p>Urban Aboriginal people</p>	<p>Call for availability</p>	<p>2425 Oxford St, Vancouver</p>	<p>(604) 255-3240</p>

Public Health Support

Institution	Mandate	Jurisdiction	Website	Contact
Association of Registered Nurses BC (ARNBC)	A professional association representing Registered Nurses (RNs) and Nurse Practitioners (NPs)	British Columbia	www.arnbc.ca	(604) 737-1304
BC Centre for Disease Control (BCCDC)	Provides health promotion and prevention services, analytical and policy support, and treatment services to reduce communicable & chronic disease, preventable injury and environmental health risks	British Columbia	www.bccdc.ca	(604) 707-2400
BC Centre on Substance Use (BCCSU)	Develops, implements, and evaluates evidence-based approaches to substance use and addiction	British Columbia	www.bccsu.ca	(604) 806-9142
City of Vancouver (COV)	Vancouver's municipal government that has the power to pass bylaws, collect taxes, approve major spending, allocate funds and offers City services	Vancouver	www.vancouver.ca	(604) 873-7000
First Nations Health Authority (FNHA)	A province-wide health authority responsible for planning, management, service deliver and funding of health programs with First Nations communities	British Columbia	www.fnha.ca	(604) 693-6500
Fraser Health (FH)	Governs, plans and delivers health-care services in Abbotsford, Agassiz, Burnaby, Chilliwack, Coquitlam, Delta, Hope, Langley, Maple Ridge, Mission, New Westminister, Pitt Meadows, Port Coquitlam, Port Mood, Surrey and White Rock	Fraser Health Region	www.fraserhealth.ca	(604) 587-4600

Ministry of Mental Health & Addictions (MMHA)	A Ministry of the BC Provincial Government designed to improve access and quality of mental health and addiction services, as well as develop an immediate response to the opioid public health emergency	British Columbia	www.gov.bc.ca	(604) 660-2421
Providence Health Care (PHC)	A non-profit organization, governing hospitals, residences, and programs to provide services in partnership with VCH and PHSA	British Columbia	www.providencehealthcare.org	(604) 806-9090
PHS Community Services Society (PHS)	A non-profit providing affordable housing, health care and substance use services	Vancouver	www.phs.ca	info@phs.ca
Provincial Health Services Authority (PHSA)	Works in partnership with the province's health authorities and health-care professionals to improve access to evidence-informed practice	British Columbia	www.phsa.ca	(604) 675-7400
Overdose Emergency Response Centre (OERC)	Is aligned with MMHA to work in partnership to escalate the response to the opioid crisis, save lives, end stigma, build networks and address the range of social support that influence health	British Columbia	www.gov.bc.ca	(604) 660-2421
Vancouver Coastal Health (VCH)	Provides health care services through a network of hospitals, primary care clinics, community health centres and residential care homes	Vancouver, Richmond, North Shore, Central Coast, Sunshine Coast and Sea to Sky	www.vch.ca 	(604) 736-2033

Street Outreach Services

Outreach Team	Demographic	Service Provided	Hours	Location	Contact
YOUTH					
Aboriginal Outreach Team (UNYA)	Indigenous youth ages 12-18	Referrals, harm reduction options, snacks, naloxone, condoms, needles, smoking kits, clothes, cultural support, crisis intervention, and referrals to culturally-specific services	1pm-12am, 7 days a week (flexible)	Vancouver : East Van, Britannia, & DTES	(604) 868-0368
Covenant House Outreach	Youth aged 16-24	Food, counselling, minor medical attention, & friendship. Youth are invited to Drop-In Centre to access professional mental & medical health professionals		Vancouver	1 (877) 685-7474
Directions Outreach	Youth up to age 24	One-to-one support, food, water, harm reduction supplies, & referral services	12pm–11pm, 7 days/week	Vancouver Streets	1 (866) 249-6884
REFERRAL BASED					
Overdose Outreach Team (VCH)	Those at risk of overdose	Harm reductions options and assists clients with appointments, care, and other services	9am-5pm, Mon-Fri	VCH Region	(604) 360-2874
STOP Team Housing Workers (Lookout Society)	Those on the streets	Street patrol, harm reduction supplies, housing, crisis intervention, and service/shelter referrals	8am-5pm, 7 days/week	Vancouver DTES	(604) 255-0340
Carnegie Community Centre Outreach Program	Those on streets and alleys	Emergency first aid, emotional support, harm reduction supplies, food, clothing, and referrals to shelters, services, & detox/addiction supports	Weekday evenings & 12 hours on weekends	Vancouver DTES	(604) 968-1825
RECOVERY BASED					
VRC Street Outreach Program		Referrals to shelters, detox, & health services		Mount Pleasant, Vancouver	(604) 708-9955
HARM REDUCTION					

PHS Mobile Needle Exchange	Community service	Picks up used needles, empties city boxes, promotes safer drug-use habits, & delivers harm reductions materials		Vancouver city limits	(604) 657-6561
PHS Spikes on Bikes	Those on the streets	Peer support and harm reduction supplies: fresh needles & naloxone kits	12 hours/day 7 days/week	Vancouver DTES	(604) 202-3517
STREET PATROLS					
Street Saviours	Those on the streets	First aid, harm reduction supplies, naloxone administration, clothes, & referrals to services	8pm-12am, Wed & Sat	Vancouver DTES	(778) 839-6701
Aboriginal Front Door Society	Indigenous people on the streets	Harm reduction supplies and emotional & cultural support to promote health & safety	9am-5pm Mon-Fri	Vancouver DTES	(604) 697-5662
MAP Van (WISH)	Women working on the streets	Improves the health & safety of women in sex work	10:30pm-6am 7 nights/week	Vancouver	(604) 720-5686
Peer Safety Patrol (WISH)	Indigenous women on the streets	Promotes the health & safety of Indigenous women in the sex trade and helps them reclaim culture & connection to community		Vancouver	(778) 892-4234

Fraser Health Substance Use Resources

City	Address	Phone	Hours of Operation
Abbotsford	Abbotsford Mental Health Centre #11-32700 George Ferguson Way Abbotsford, B.C. V2T 4V6	604.870.7800	Monday to Friday 8:30 a.m.-4:30 p.m.
Agassiz	Agassiz Mental Health Services 7243 Pioneer Avenue Agassiz, B.C. V0M 1A0	604.793.7160	Monday to Friday 8:30 a.m.-4:00 p.m.
Burnaby	Burnaby Mental Health Centre 3935 Kincaid Street Burnaby, B.C. V5G 2X6	604.453.1900	Monday to Friday 8:30 a.m. - 4:30 p.m.
Chilliwack	Chilliwack Mental Health Services 45470 Menholm Road Chilliwack, B.C. V2P 1M2	604.702.4860	Monday to Friday 8:30 a.m. - 4:30 p.m.
Delta	Delta Mental Health Centre – North #129-6345 120th Street Delta, B.C. V4E 2A6	604.592.3700	Monday to Friday 8:30 a.m. - 4:30 p.m.
Delta	Delta Mental Health Centre – South (Tsawwassen and Ladner) #15-1835 56 Street Delta, B.C. V4L 2L8	604.948.7010	Monday to Friday 8:30 a.m. - 4:30 p.m.
Hope	Hope Mental Health Centre 1275A 7th Avenue Hope, B.C. V0X 1L4	604.860.7733	Monday to Friday 8:30 a.m. - 4:30 p.m.
Langley	Langley Mental Health Centre #305 - 20300 Fraser Highway Langley, B.C. V3A 4E6	604.514.7940	Monday to Friday 8:30 a.m. - 4:30 p.m.
Maple Ridge	Maple Ridge Mental Health Centre #500 - 22470 Dewdney Trunk Road Ridge, B.C. V2X 5Z6	604.476.7165	Monday to Friday 8:30 a.m. - 4:30 p.m.
Mission	Mission Mental Health Centre 7298 Hurd Street Mission, B.C. V2V 3H5	604.814.5600	Monday to Friday 8:30 a.m. - 4:30 p.m.
New Westminster	New Westminster Mental Health Centre 403 Sixth Street, 2nd floor New Westminster, B.C. V3L 3B1	604.777.6800	Monday to Friday 8:30 a.m. - 4:30 p.m.
Surrey	Surrey Mental Health Centre #1100 13401 108th Avenue Surrey, B.C. V3T 5T3	604.953.4900	Monday to Friday 8:30 a.m. - 4:30 p.m.
Surrey	Surrey Mental Health Outreach Program 203-7327 137 Street Surrey, B.C. V3W 1A4	604.592.2700	Monday to Friday 8:30 a.m. - 4:30 p.m.
Tri-Cities (Coquitlam, Port Moody, Port Coquitlam)	Tri-Cities Mental Health Centre #1 - 2232 Elgin Avenue Port Coquitlam, B.C. V3C 2B2	604.777.8400	Monday to Friday 8:30 a.m. - 4:30 p.m.
White Rock	White Rock/South Surrey Mental Health & Addictions Peace Arch Hospital, Russell Unit 15521 Russell Avenue White Rock, B.C. V4B 2R4	604.541.6844	Monday to Friday 8:30 a.m. - 4:30 p.m.

Section 6: Terms to Know

12 Step Programs: originated from the literature of Alcoholics Anonymous (AA) offering a free peer-support program for people with addiction by promoting abstinence

Abstinent-Based Recovery: a treatment model for drug addiction based on the notion that addiction is a disease and an addicted person can recover as long as he or she maintains lifelong abstinence from using these substances

Acidifier (Vitamin C): converts drugs into a water-soluble form by adding acid to dissolve the drug before injection

Acute: an illness that has a rapid onset and follows a short but severe course

Addiction: a condition that results when a person ingests a substance or engages in an activity that can be pleasurable but the continuation of which becomes compulsive and interferes with ordinary responsibilities

Aftercare: the period that begins when a client leaves a formal treatment program and treatment professionals are no longer involved with the client on a regular basis; the client assume responsibility for their recovery and establishes his or her own community of support

After-Care Treatment: a type of continued treatment, which immediately follows a relatively shorter period of addiction treatment care

Alcohol Swabs: used by people who use drugs to clean an injection site before injection

Analog: a drug that is a derivative of a parent chemical compound that differs from it by a single element

Assessment: systematic procedures for the identification of a client's major strengths and problem areas, culminating in a treatment plan and referral for assistance

Buprenorphine: a long-lasting opioid medication used to manage withdrawal symptoms related to opioid addiction

Burnout: fatigue, frustration, or apathy resulting from prolonged stress, overwork, or intense activity

⁵⁰ <https://www.fraserhealth.ca/health-info/mental-health-substance-use/mental-health-substance-use-centres/>

Carfentanil: an analog of the synthetic opioid fentanyl that is 100 times more potent as the same amount of fentanyl and 5,000 times as potent as a unit of heroin and 10,000 times as potent as a unit of morphine

Case Management: a process involving on-going assessment of current strengths, weaknesses and needs, planning to identify services appropriate to the particular needs of the client

Chronic: developing slowly, or of long duration

Chronic Condition: a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time

Colonization: a process by which a central system of power dominates the surrounding land and its components

Community-Focused: helps clients engage communities through the use of group facilitation, community organizing and collaborative problem-solving

Compulsive: performing an act persistently and repetitively without it necessarily leading to an actual reward or pleasure

Concurrent Disorders: a term for any combination of mental health and substance use problems

Co-Occurring Disorders (Dual Diagnosis, Comorbid Disorders, or Dual Disorders): refers to when an individual has co-existing mental health and substance use disorders

Cooker: the container used for mixing and heating drugs that need to be mixed with water to make a solution that can be injected

Counselling: the process in which a counsellor holds face to face talks with another person to help him or her solve a personal problem

Craving: a powerful desire for something

Crisis Support Lines: a phone number people can call to get immediate emergency telephone counselling, usually by trained volunteers

Crisis Intervention: services which respond to a person's acute needs during acute emotional and/or physical distress

Critical Incident: occasions that stay in the mind

Cultural Activities: activities that are cultural in nature (i.e. sweat lodges, smudge ceremonies, beading, Elders, language, etc.)

Cultural Humility: a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust

Cultural Genocide: a term used to describe the efforts the Canadian government made to assimilate Indigenous people through residential schools

Cultural Safety: an environment that is spiritually, socially and emotionally safe, as well as physically safe for people where there is no assault challenge or denial of their identity, of who they are and what they need

Culturally Competent: the ability to understand, communicate with and effectively interact with people across cultures

Culture as the Intervention or Culture as Treatment: incorporating traditional healing practices and cultural values into otherwise western programs

Cumulative Stress: is commonly experienced by people who work in chronically stressful situations

Cutting Agent: a chemical used to “cut” (dilute) recreational drugs with something less expensive than the drug itself

Day-to-day Stress: tension that builds up from doing multiple small tasks

Decolonization/Indigenization: a process that Indigenous people whose communities were grossly affected by colonial expansion, genocide and cultural assimilation may go through by reframing with other Indigenous frameworks of thought, in understanding the history of their colonization and rediscovering their ancestral traditions and cultural values while considering the future simultaneously.

Decriminalization: the lessening of criminal penalties in relation to certain acts, like drug possession

Deinstitutionalization: the process of replacing long-stay psychiatric hospitals with less isolated community mental health services for those diagnosed with a mental health disorder

Detoxification (Detox): Recovery from the toxic effects of a drug or substance by the removal of the toxic properties of that substance

Downers: drugs with depressant affects, such as opioids

Drug Testing: drugs can be checked to detect if they contain a certain substance, such as fentanyl

Dual Addiction: a condition characterized by an overwhelming desire to continue taking drugs or substances to which one has become habituated through repeated consumption, usually accompanied by a compulsion to obtain the substances

Eustress: moderate or normal psychological stress interpreted as being beneficial

Facility Overdose Response Program (FORB): provides overdose response boxes with the opioid antidote naloxone for employees at community-based organization

Fentanyl: a synthetic, short-acting narcotic analgesic and sedative used pharmacologically in anesthesia and is also known as an illicit drug

Follow-Up: a means of gathering data and information about the progress of clients in recovery

Fourier-Transform Infrared Spectrometer (FTIS): a machine used to test drugs that identifies chemical bonds in a molecule by producing infrared absorption spectrum

Good Samaritan Act: a law that protects people from being arrested for simple drug possession if 911 was called

Harm Reduction: involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier

Harm Reduction Distribution Sites: points to access and dispose of harm reduction supplies

Healing Centres: combines two or more ways of supporting a patient to recover under one roof

High-Barrier: applicants are screened and must meet certain eligibility criteria to access services

Holistic Health/Wellness: an approach to health and wellness that encompasses the physical, psychological, and spiritual aspects of an individual

Honouring our Strengths: a renewed framework formed by the Thunderbird Partnership Foundation to address substance use issues among First Nations people in Canada to outline a comprehensive continuum of services and supports

Hydromorphone: an oral and injectable drug used to treat severe pain

Illicit Drug: drugs that are not legally permitted authorized, unlicensed, and/or unlawful

Indigenous Wellness Framework: a harmonious relationship within the whole person (body, emotion, & spirit)

Individual and Group Counselling: the utilization of special skills to assist individual, families or groups to achieve objectives through: exploration of a problem and its ramifications, examination of attitudes and feeling, consideration of alternative solutions, and decision making

Inpatient: a patient who stays in a hospital while under treatment

Intake: the administrative and initial assessment procedures for admission to a treatment program

Intake Screening: the process by which a client is determined appropriate and eligible for admission to a particular program

Integrated Care: an approach characterized by a high degree of collaboration and communication among health professionals

Intergenerational Trauma / Transgenerational Trauma: trauma that is transferred from trauma survivors to their children and further generations of their descendants through complex post-traumatic stress disorder mechanisms. The ongoing intergenerational trauma of colonialism has damaged the cultural integrity of holistic health of Indigenous people and communities. – Thunderbird Partnership Foundation's definition

Interpretation Services: providing translation through an interpretation

Intravenous: taking drugs by injection into the bloodstream via a needle and syringe, which is pierced through the skin into the body

Jurisdictional Barriers: when First Nations and Inuit patients access health care, federal and provincial authorities may disagree on which system should pay for services

Low-Barrier: the aim to have as few barriers as possible to allow more people to access services

Life Skills / Personal Development: a series of activities that are taught to groups and individuals in order to enhance their social and personal skills

Mental Health Services: organizations providing assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders

Mental Wellness: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO)

Methadose: an opioid used to treat pain and as a maintenance therapy to help with tapering in people with opioid dependence

Naloxone: a chemical substance that counteracts the effects of opiates by binding to opiate receptors on cells

Narcotics: pertaining to a substance, derived from the poppy seed opium, that produces insensibility or stupor, can alter perception of pain, induce euphoria, mood changes and mental clouding

National Native Alcohol and Drug Abuse Program (NNADAP): the federal government's treatment program designed to provide treatment, prevention, training and research services as a comprehensive federal strategy in response to alcohol and substance abuse in First Nations communities

Needles & Syringes: used to inject drugs into veins (intravenous), muscles (intramuscular), and under the skin (subcutaneous).

Needle Distribution Programs: distribution of clean needles and other harm reduction supplies and education on their safe disposal

Opiate: a drug containing opium or its derivatives, used in medicine for inducing sleep and relieving pain

Opioid: substances that act on opioid receptor to produce pain-relieving, morphine-like effects

Opioid Agonist Therapy (OAT): any treatment for addiction to opioid drugs that involves taking the opioid agonists methadone (Methadose) or buprenorphine (Suboxone)

Opioid Antagonist: drugs that block opioids from binding with receptors, like naloxone

Orientation: the general nature and goals of the program or treatment are described to the client

Outpatient: a patient who receives medical treatment without being admitted to a hospital

Outpatient Services: treatment provided on a non-residential basis, usually in regularly scheduled session

Overdose (OD): describes the ingestion or application of a drug or other substances in quantities greater than are recommended or generally practiced; an overdose may result in a toxic state or death

Peers: people who use illegal drugs and are the experts about the realities of illegal drug use

Peer Support Program: when people provide knowledge, experience, emotional, social or practical help to each other as equals to give each other support on a reciprocal basis

Pharmacology: the science dealing with the preparation, uses, and especially the effects of drugs

Physical Dependence: a physical condition caused by chronic use of a tolerance forming drug, in which abrupt or gradual withdrawal causes unpleasant physical symptoms

Post-Traumatic Growth: the positive change that happens to someone after they've had a highly stressful life event

Post-Traumatic Stress Disorder (PTSD): a mental health condition that's triggered by a terrifying event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety

Self Care: refers to actions and attitudes which contribute to the maintenance of well-being and personal health and promote human development – living in a good way

Stigma: refers to negative attitudes (prejudice) and negative behaviour (discrimination) toward people with substance use and mental health problems

Sterile Water: drugs sold as powder, crystals (rock), or tablets should be fully dissolved in sterile water to reduce the risk of vein damage and infections

SROs (Single Resident Occupancy): accommodations in single room occupancy hotels, rooming houses, and non-market housing with rooms less than 320 square feet.

Red Road Recovery: a treatment model combining the traditional teachings of Indigenous people with the 12-Steps recovery program

Reconciliation: refers to the restoration of friendly relationships. In Canada 94 Calls to Action by the Truth and Reconciliation Commission (TRC)⁵¹ in 2015 in the areas of child welfare, education, language and culture, health, justice, government, churches, youth, museums, media, sports and business.

Reconciliation: suggests that we need to do more than merely speak about reconciliation and the wrongs of the past; we need to move to meaningful *action*

Referral: the process of recommending a person to a treatment program after conducting an assessment of them

Registered Clinical Counsellor (RCC): a counsellor who has met specific education and training criteria to provide assurance of experience, qualifications and stringent professional and ethical standards

Relapse: when a person attempting to abstain from taking drugs returns to full-blown pattern of using behavior again

Relational Care: an interactive, caring, respectful path for culturally competent services leading to the well-being of the whole person

Residential Schools: Some 150,000 Indigenous children were removed and separated from their families and communities to attend residential schools. While most of the 139 Indian Residential Schools ceased to operate by the mid-1970s, the last federally-run school closed in the late 1990s.

Residential Treatment: also called residential rehabilitation or inpatient rehab, describes either a mental health facility or a drug and/or alcohol or process addiction treatment program that is provided to patients in a residential setting

Resilience: the capacity to recover quickly from difficulties

Revolving Door System: refers to the cycle of frequently getting addiction and/or mental health treatment yet only staying well for a short time before requiring more care

Rig: slang for needles used to inject drugs

⁵¹ http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

Self-Care: any activity done deliberately in order to take care of an individual's mental, emotional, and physical health

Self-Management and Recovery Training (SMART) Recovery: an alternative to the disease model of recovery, this approach is scientifically based and uses non-confrontational motivation, behavioural and cognitive methods

Sharps Container: these containers are a safe place to dispose of used injections and inhalation materials that can spread infection

Sixties Scoop: refers to the practice during the 1960s, of taking (“scooping up”) children of Aboriginal peoples in Canada from their families for placing in foster homes or adoption

Slip: a person abstaining from drug use temporarily uses but then returns to sobriety again right away

Stabilization: the process of helping clients or patients recover from shock or illness

Suboxone: an agonist opioid combination of buprenorphine and naloxone, buprenorphine is an opioid medication while naloxone blocks the effects of opioid medication if it is ingested in any way but orally

Substance Abuse: overindulgence in or dependence on an addictive substance, especially alcohol or drugs

Substance Dependence: an adaptive state that develops from repeated drug use and results in withdrawal upon quitting use

Substitution Therapies: drugs that substitute illegal heroin with legal, non-injection methadone or prescription heroin

Supervised Consumption Facilities: places established to prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances

Take Home Naloxone (THN) Site: sites where Take Home Naloxone kits can be picked up

Tapering: refers to the gradual lowering of a drug's dosage over a prolonged period of time to reduce withdrawal symptoms

Tolerance: a person's diminished response to a drug, which occurs when the drug is used repeatedly and the body adapts to the continued presence of the drug

Tourniquet: a tie, or long strip of elastic that is tied around the arm to help raise the blood veins to the surface of the skin to identify a vein for the entry of drug injection

Traditional Healing: refers to health practices, approaches, knowledge and beliefs incorporating Indigenous healing and wellness while using ceremonies

Triggers: social, environmental or emotional situations that remind people in recovery of their past drug or alcohol use

Unit-dose Packaging: a method of single drug-dose delivery in barcoded, non-reusable containers that is used primarily in hospital or clinical settings

Uppers: drugs with stimulating effects like cocaine and methamphetamines

Upstream Interventions: strategies focused on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential

W-18: an analog opioid 100 times more potent as the same amount of fentanyl

Withdrawal: the symptoms related to discontinuing drug use, for opiates these include anxiety, sweating, vomiting, and diarrhea

Wraparound Services: these services incorporate the natural support systems of clients, along with various agency personnel and community

Youth in Care: refers to children and young people who are being raised in government care including foster homes, group homes, residential child and youth mental health services, residential addictions facilities, custody centres, youth agreements, independent living, or extended family placements, before 19 years old

Section 7: Information Sheets



FACT SHEET

Indigenous Harm Reduction Principles and Practices



The Indigenous Wellness Program at First Nations Health Authority is developing 'Indigenous Harm Reduction' principles and practices as a learning diagram to host conversations regarding addiction and harm reduction.

Indigenous Harm Reduction is a process of integrating cultural knowledge and values into the strategies and services associated with the work of harm reduction. Indigenous knowledge systems are strongly connected to spirituality, holism, and the natural environment. Therefore a learning model reflecting animal teachings and values was struck to support sensitive conversations around addictions and harm reduction through an Indigenous lens.

For more information, visit: www.fnha.ca/overdose

501 — 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
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T 604.693.6500
Toll-Free 1.866.913.0033
F 604.913.2081
www.fnha.ca

THE PRINCIPLES AND PRACTICES USE CULTURAL REPRESENTATION FROM FOUR PROMINENT ANIMALS HERE IN BC. EACH ANIMAL IS REPRESENTED BY SYMBOLISM, A HEALING PRINCIPLE, AND COMPARATIVE HARM REDUCTION STRATEGIES:



THE WOLF

- A symbol of relationships and care.
- Healing requires working together as one heart and one mind.
- This representation is associated with harm reduction principles that emphasize the importance of building relationships with people who use substances. An example of carrying out this work might look like providing outreach services.



THE EAGLE

- A symbol of knowledge and wisdom.
- Healing requires time, patience, and reflection.
- This means acknowledging that wellness is a journey instead of a destination. It aligns with the harm reduction principle that support may take many ongoing opportunities. It also means that in our professional work practice we take the time to reflect on our own emotions and allow room for patience in our engagements with people who are using substances.



THE BEAR

- A symbol of strength and protection.
- Healing is embedded in culture and tradition.
- This principle celebrates a strength-based approach in working with harm reduction. This also recognizes culture and tradition as intergenerational strengths that are methods of harm reduction on their own.



THE RAVEN

- A symbol of identity and transformation.
- Healing requires knowing who you are and accepting who you were.
- This healing principle acknowledges that the path to wellness is a journey that encompasses the exploration of identity and that mistakes will be made along the way. We do not need to carry the burdens of past, as they transform us when we learn from them.

WORKING WITH INDIGENOUS HARM REDUCTION: LEARNING COMPONENTS

THE WOLF: RELATIONSHIPS AND CARE

- Outreach services for people who do not access site based services: food, safer smoking/injecting kits, condoms, etc.
- Services are human-centred - inclusive, caring, and trauma-informed.
- Strategies and services are based on a foundation of cultural safety and humility.
- Acknowledging family relationships, community, Nation, and land.
- Understanding the impact of cultural oppression, intergenerational trauma, land-loss, and current social, environmental, and economic realities.

THE EAGLE: KNOWLEDGE AND WISDOM

- Strategies and services are trauma-informed.
- Support individuals and communities wherever they are at in their wellness journey.
- Recognize that stigma and shame are factors that need to be taken into consideration and addressed.
- Supporting strategies and services that are evidence-based.

THE BEAR: STRENGTH AND PROTECTION

- Strategies and services are wellness focused and holistic in nature.
- Incorporate Indigenous beliefs, values, and practices: medicinal plants, ceremony, Elder consultation etc.
- Incorporate Elders and cultural people to guide and participate in the initiatives.

THE RAVEN: IDENTITY AND TRANSFORMATION

- View addiction as a health and social issue, not a moral or criminal issue that can result in complex personal health and social consequence, involvement with the law and premature death.



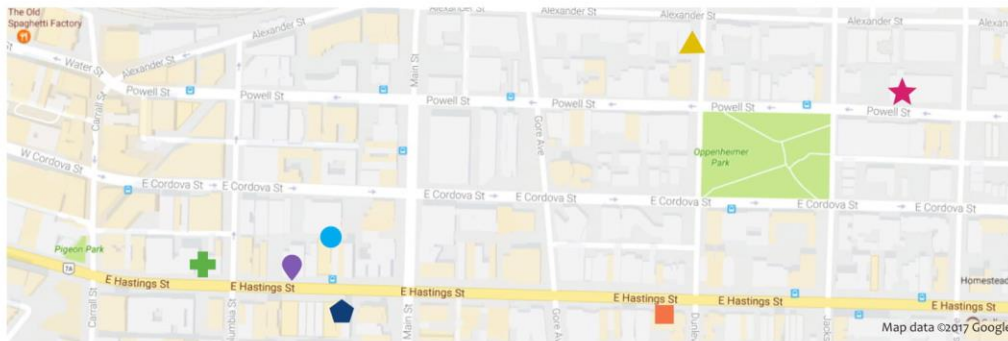
Checklist for Naloxone Training

RESPONDING TO AN OPIOID OD

- UNRESPONSIVE?**
 - **Stimulate** with **noise** (shout, use their name)
 - **Touch** (sternal rub), remember, tell person what you are doing before you touch them
- CALL 911**
 - Put person in the recovery position if you have to leave them alone
 - Give address and if possible **send someone to meet paramedics** at door
- CLEAR AIRWAY & VENTILATE**
 - Clear airway (removing anything from their mouth), tilt head, lift chin
 - Pinch nose and give 2 breaths
 - Continue **1 breath every 5 seconds until person is breathing again**
- GIVE 1st DOSE**
 - Snap top off ampoule, draw up all of the naloxone
 - Inject into large **muscle** (thigh, upper arm, or buttock)
 - Inject at 90°, push plunger until you hear a click (needle will retract)
- EVALUATE & GIVE 2nd DOSE IF NEEDED**
 - **Continue to give breaths** until they respond (are breathing again on their own)
 - **After 5 minutes, if still unresponsive, give a 2nd dose of naloxone**
 - **Continue breaths** until the person is breathing on their own or until paramedics arrive
- AFTERCARE**
 - Naloxone wears off in 20-90 minutes
 - Person will not remember overdosing (explain what happened)
 - Monitor the person for at least 2 hours and do NOT allow them to take more opioids (could overdose again)
- REFILL**
 - Go to your nearest pharmacy to buy more naloxone

OVERDOSE ALERT

Use Overdose Prevention Sites & Supervised Consumption Services



- + Overdose Prevention Society
 58 E. Hastings
 62 E. Hastings (alley for smoking) | 8am - 11pm, 7 days/week.

- ◆ Insite - 139 E. Hastings | 9am - 3am, 7 days/week
 24 hours/day on Wed/Thurs/Fri of cheque week

- Maple Hotel (alley) - 177 E. Hastings | 7am - 5pm, 7 days/week

- ◆ Molson (alley)
 166 E. Hastings | 1pm - 11pm, 7 days/week,
 1pm - 7am, Tue/Wed/Thurs of cheque week

- VANDU - 380 E. Hastings | 10am - 10pm, 7 days/week

- ▲ SisterSpace - 135 Dunlevy Ave. | 6am-noon & 6pm to midnight, 7 days/week
 Women only

- ★ The Powell St Getaway - 528 Powell St. | 8am - 11pm, 7 days/week

Check your drugs for fentanyl or carfentanil for free at any of these sites

Community Drug Checking at Inner City Youth if you are 12-24 years old - 1260 Granville St, 1pm-5pm, Mon-Fri

FTIR spectrometer available at Insite (◆) 10am-5pm Monday - Wednesday

⁵⁴ <http://www.vch.ca/Documents/VCH-overdose-alert.pdf>

THE OPIOID OVERDOSE EMERGENCY

THE SITUATION:

THE NUMBER OF OVERDOSES AND OVERDOSE DEATHS HAS BEEN INCREASING SINCE 2012

In 2016 alone, there were over

930

unintentional illicit drug overdose deaths, which is more than ever before

WHO IS AT RISK?

Overdose occurs in people who **smoke** or **snort** drugs as well as **inject**

Of people who died of overdose in 2016...

4/5 were male



In **17/20** cases, 911 was not called



Of people who were brought to the emergency department for an overdose in 2016...

2/5 were using drugs alone



4/5 were between age 20-49



More than **1/2**

were using drugs in a private residence



OVERDOSES AND OVERDOSE DEATHS ARE INCREASING BECAUSE OF FENTANYL

People don't know **what** or **how much** is in their drugs

Many people who test positive for fentanyl **don't know** that they are taking it

Since fentanyl was introduced, more people have been having **repeat overdoses**

Fentanyl was found in

3/5 of overdose deaths in 2016



At InSite,

4/5 of drugs tested had fentanyl



There are **different types** of fentanyl, such as fentanyl and carfentanyl, which vary in toxicity

Fentanyl has been found in:

Pills, as fake oxy's or other club drugs

Powder, as heroin or fent

Powder mixed into other drugs (crystal meth, cocaine, etc.)

A PUBLIC HEALTH EMERGENCY WAS DECLARED ON APRIL 14, 2016

This lets the province collect more information on overdoses so that they know where most help is needed



CREATED BY THE BCCDC HARM REDUCTION TEAM

UPDATED MAY 31 2017



BC Centre for Disease Control
An Agency of the Provincial Health Services Authority

THE OPIOID OVERDOSE EMERGENCY

SINCE THE EMERGENCY WAS DECLARED...

NALOXONE HAS BEEN MADE MORE AVAILABLE

Naloxone (also known as Narcan) **reverses the effects** of overdosing on opioids (e.g., heroin, methadone, fentanyl, morphine)

More people have been trained to give naloxone, including paramedics, firefighters, and police

People don't need a prescription for naloxone anymore

Now anyone can give naloxone to someone who has overdosed

The Take Home Naloxone program has been expanded

The Take Home Naloxone program provides **training** and gives out **naloxone kits** for free to people who are either at risk of having an overdose or seeing someone having an overdose

There are over

500

Take Home Naloxone sites in BC, including at emergency departments, correctional centres, health units, and community agencies

Over

45,000

kits have been given out, over half of which were given out in the past year

Over

9,000

kits have been used to reverse an overdose

The Facility Overdose Response Box program was introduced

The Facility Overdose Response Box program gives out boxes with naloxone in them to **community organizations**, so that they can respond if clients overdose

THE JOINT TASK FORCE ON OVERDOSE RESPONSE WAS FORMED

The Joint Task Force works with the government and provides leadership in responding to the crisis

A PROVINCIAL OVERDOSE AWARENESS CAMPAIGN WAS STARTED

The campaign, using posters and TV ads, tells people how to prevent, recognize, and respond to overdoses

THE BC CORONERS SERVICE HAS FORMED A SPECIALIZED DRUG INVESTIGATION TEAM

This team hopes to complete investigations of overdose deaths sooner

THE GOOD SAMARITAN DRUG OVERDOSE ACT WAS MADE A LAW

People who call 911 to help someone who has overdosed will **not be charged** with simple possession, and neither will the person who overdosed

MORE PEOPLE ARE ON OPIOID SUBSTITUTION THERAPY

The number of people on suboxone has nearly **doubled** since 2015, and more people are on methadone

PharmaCare now covers methadone and Suboxone for people who need it, if a form filled out by a physician is approved

It's now easier for doctors to **prescribe** Suboxone, and nurse practitioners are allowed to **refill** prescriptions

OVERDOSE PREVENTION SITES WERE OPENED ACROSS BC

Overdose Prevention Sites are temporary spaces for people who use drugs, monitored in case of an overdose

There are

23

Overdose Prevention Sites across BC

There have been:

Over

85,000

visits

Over

600

overdoses managed

0

deaths at any Overdose Prevention Site

SUPERVISED CONSUMPTION SERVICES ARE INCREASING



InSite, a supervised consumption site in Vancouver, is now open **24 hours** a day during peak times



Applications for supervised consumption sites have been made for **Kelowna, Kamloops, Victoria**, and another in **Vancouver**



2 supervised consumption sites in **Surrey** and 1 more in **Vancouver** have been **approved**



CREATED BY THE BCCDC HARM REDUCTION TEAM

UPDATED MAY 31 2017



BC Centre for Disease Control
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Language matters...



4 guidelines to using non-stigmatizing language

1 Use People-first language



Person who uses opioids

vs.

Opioid user OR Addict



2 Use language that reflects the medical nature of substance use disorders



Person experiencing problems with substance use

vs.

Abuser OR Junkie



3 Use language that promotes recovery



Person experiencing barriers to accessing services

vs.

Unmotivated OR Non-compliant



4 Avoid slang and idioms



Positive test results OR Negative test results

vs.

Dirty test results OR Clean test results



VISIT towardtheheart.com FOR MORE INFORMATION



CREATED BY BCCDC HARM REDUCTION TEAM

Adapted from Broyles et al. Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response. Substance Abuse 2014



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Last Updated: December 6th 2017

TALKING ABOUT SUBSTANCE USE

Substance use can be a difficult topic to discuss with family, friends, colleagues, strangers and often those closest to us. Talking about substance use brings up many thoughts, feelings, opinions and memories – good and bad.

Using stigmatizing language, shame or judgment is usually hurtful and makes it almost impossible to have constructive conversations with the people in our lives that use substances.

To become a safe person to talk with, use extra care and respect, come from a place of empathy, and remember that all people deserve human rights and dignity, including people who use substances. Let them know that you care about them and that you value their life.

When we are supporting people who are using substances, it is important to focus on building relationships based on safety and trust. You can be an important connection for someone in your life who is using substances. Beginning that conversation is a crucial first step. There is no perfect formula for having these conversations. This list of Do's and Don'ts is here to help you get started.



First Nations Health Authority
Health through wellness

DO'S

- DO** talk with people about something other than their substance use. Take a more holistic approach to engaging in conversations.
- DO** talk about addiction and substance use as a healing journey instead of it being a choice. Addiction is not a choice. It's much more complicated than "just saying no."
- DO** include people using substances in conversations and activities as often as possible, just as you would anyone else. Inclusion and belonging are good sources of medicine.
- DO** prepare to meet people where they are at instead of telling them where they should be at. People who struggle with addictions know their addictions affect everyone around them.
- DO** take time to learn about addiction and substance use. Talk to a counsellor or do your own research.
- DO** use person-first language like "people who use drugs" or, for people who have engaged in substance use in the past, "people with lived experience." Person-first language is respectful, maintains a person's dignity and shows compassion.

DON'TS

- DON'T** focus the conversation solely on addiction. People are not their addictions or their behaviours. Addiction is just one part of life and it's important to focus on all the things that bring us joy, purpose and meaning.
- DON'T** tell people to "clean-up" or just "get sober." Avoid focusing the conversation on rehab and detox. These are overwhelming and unrealistic approaches to addiction and wellness. These approaches are judgmental and will not result in an opportunity for connection.
- DON'T** segregate or isolate people using substances or make relationships with them conditional. Doing this is hurtful and often leads to increased substance use.
- DON'T** give people using substances demands or try and guilt them with statements such as, "If you really loved me, you would stop using."
- DON'T** believe everything you see or hear about substance use on social media or television. There are a lot of myths, assumptions and incorrect statements. Take the time evaluate what is a commonly held belief that may not be true.
- DON'T** use stigmatizing language like "drug user," "drug addict," "clean" or other harmful terms. These terms reduce people to a single behaviour when they are so much more than that.

55

⁵⁵ <http://www.fnha.ca/Documents/FNHA-Talking-About-Substance-Use-Infosheet.pdf>

What do you do during an OD?

Overdose death can be **PREVENTED**

Take Home Naloxone Kits reverse overdose and save lives.

Follow the **SAVE ME** steps below to save a life.

If the person must be left unattended at any time, put them in the recovery position.



STIMULATE
Unresponsive?
CALL 911



AIRWAY



VENTILATE
1 breath every
5 seconds



EVALUATE



**MUSCULAR
INJECTION**
1mL of Naloxone



EVALUATE
2nd dose?

Artwork created by:
towardtheheart.com



First Nations Health Authority
Health through wellness

If you see someone having an overdose: **Call 9-1-1**
To speak with a nurse about non-emergency overdose prevention: **Call 8-1-1**
For more information visit us online: www.fnha.ca/overdose

Methadone/Methadose™* Maintenance

It is important that you work together with your doctor to review methadone's benefits and drawbacks prior to making a decision about starting this medication.

Who is methadone for?

Methadone is prescribed for people receiving treatment for opioid addiction (for example, addiction to heroin, morphine, hydromorphone, oxycodone). It helps people abstain from opioids, and helps with withdrawal symptoms and cravings for opioids.



When do doctors recommend methadone over other medications, such as buprenorphine/naloxone (Suboxone®)?

- When buprenorphine/naloxone (Suboxone®) isn't working well enough to relieve a person's withdrawal symptoms or drug craving.
- When a person has a very low tolerance for opioid withdrawal and would not be able to tolerate the withdrawal necessary to start buprenorphine/naloxone (Suboxone®).
- When a person also needs extra opioid medication to help with control of pain.

How do I take methadone?

- Methadose™ comes as a concentrated liquid (10 mg/mL).
- Getting started with methadone is an individualized process for each person. You and your doctor will work together over time (weeks to months) to find the right dose and schedule for you.
- At first, methadone almost always needs to be taken daily in the presence of a health professional (often a pharmacist). Over time, some people can transition to taking some of their doses independently.

What if methadone doesn't work for me?

If you feel that methadone isn't working for you, talk to your doctor right away—including during your first few days of taking the medication. You and your doctor can decide together if you need a different dose or if other options are better for you.

* Please note that as of February 1, 2014 in British Columbia, Methadose™ has replaced methadone. Methadose™ is a concentrated version of methadone (10 mg/mL). In this pamphlet we will use the terms Methadose™/methadone interchangeably.

WHAT HELPS THIS MEDICATION WORK BEST?

Methadone helps during the early days and weeks of withdrawal from opioids. But you are much more likely to be successful in abstaining from opioids if you continue taking methadone for 12 months or more. Research has shown that once someone is on a stable dose and symptoms are controlled, their odds for successfully staying abstinent are much improved if the dose is lowered slowly over many months rather than quickly tapering. Some people who are doing well with methadone choose to stay on it for years or to transition to taking buprenorphine/naloxone. Talk to your doctor if you want to discuss tapering off of methadone or switching to buprenorphine/naloxone.

Are there risks associated with methadone? Is there anyone who shouldn't take—or should be cautious about taking—methadone?

- There is a risk of methadone overdose, especially at the beginning of treatment or if methadone is used with alcohol or other sedating drugs. Methadone should not be mixed with alcohol and/or benzodiazepines (for example, Valium®, Ativan®, Xanax®) or other sedative medications. The interaction between these drugs can cause excessive sleepiness and slow down your breathing to dangerously low levels, leading to an overdose that requires immediate medical attention and can cause death. You should talk to your doctor about alcohol use and all other medications you are taking to make sure that you can safely take them at the same time.
- Though generally well tolerated, methadone can have side effects. Talk with your doctor about all the potential side effects of methadone.
- It is important to talk to your doctor to review all of the medications you take as methadone may interact with some medications, including some antibiotics, antidepressants and HIV medications. You will still be able to take these medications while on methadone. Talk to your doctor for more information.
- If you have serious problems with your liver or heart, talk to your doctor about methadone.



Buprenorphine/Naloxone (Suboxone®) Maintenance

Who is buprenorphine/naloxone (Suboxone®) for?

Buprenorphine/naloxone is prescribed for people receiving treatment for opioid addiction (for example, addiction to heroin, morphine, hydromorphone, oxycodone). It helps people abstain from opioids, and helps with withdrawal symptoms and cravings for opioids.

Why do doctors recommend buprenorphine/naloxone (Suboxone®) as the first medication choice for treating opioid use?

- It works about the same as methadone.
- It can be safer than methadone. Buprenorphine/naloxone is less likely to cause an overdose, has fewer interactions with other drugs (like antibiotics, antidepressants, and HIV medications), and has a lower risk of causing heartbeat irregularities.
- You can be more independent with buprenorphine/naloxone. Not everyone can take doses of their buprenorphine/naloxone at home, but many people who take this medication can—over time—transition to taking many (or even most) of their doses at home.
- It's easier to switch from buprenorphine/naloxone to methadone than the other way around.

How do I take buprenorphine/naloxone (Suboxone®)?

- Buprenorphine/naloxone comes as a sublingual (“under the tongue”) tablet. To take it, you will put the tablet under your tongue until it has dissolved completely (this can take up to 10 minutes).
- When you first start taking buprenorphine/naloxone, daily doses of medication will be supervised by a healthcare professional, such as a doctor, nurse, or pharmacist.
- Before taking your first dose, it is important to be abstinent from opioid use for at least 12–24 hours and be experiencing opioid withdrawal (feeling ‘dopesick’).
Without this 12-24 hour wait, buprenorphine/naloxone can make withdrawal symptoms worse (e.g. precipitated withdrawal) than they would be otherwise.
- If you are switching to buprenorphine/naloxone from methadone, your doctor will work with you to taper your methadone first, and you may need to wait 24–72 hours after your last dose of methadone before starting buprenorphine/naloxone.
- On your first day of taking buprenorphine/naloxone, your doctor may suggest additional non-opioid/non-sedative medications to help with withdrawal symptoms.

⁵⁸<http://www.vch.ca/Documents/Methadone-Info-sheet-Final-Jan-7.pdf>

What if buprenorphine/naloxone (Suboxone®) doesn't work for me?

If you feel that buprenorphine/naloxone isn't working for you, talk to your doctor. You and your doctor can decide together if you need a different dose of buprenorphine/naloxone, or if you need to try a different treatment option.

WHAT HELPS THIS MEDICATION WORK BEST?

Buprenorphine/naloxone (Suboxone®) helps control symptoms of opioid addiction. Research has shown that once someone is on a stable dose and symptoms are controlled, their odds for successfully staying abstinent are much improved if they stay on the medication for at least a year. Individuals are most successful coming off of the medication if the dose is lowered slowly over several months.



When can I start taking buprenorphine/naloxone at home?

Once you have been on a stable dose, with no symptoms or problems with the medication and you are becoming successful in your overall addiction treatment, you may be able to progress from daily supervised dosing to receiving take-home doses. You and your doctor will decide together if and when take-home doses are the right option for you.

Is there anyone who shouldn't take—or should be cautious about taking—buprenorphine/naloxone?

- If you are pregnant, you will need to work in partnership with a specialist doctor to decide if buprenorphine/naloxone is right for you.
- If you have serious problems with your liver, talk with your doctor about buprenorphine/naloxone.
- While the medication is generally well tolerated, side effects are possible. Talk with your doctor about all the potential side effects of buprenorphine/naloxone.
- Buprenorphine/naloxone should not be mixed with alcohol and/or benzodiazepine medications (for example, Valium®, Ativan®, or Xanax®) or other sedatives. The interaction between these drugs can cause excessive sleepiness and slow down your breathing to dangerously low levels, leading to an overdose that requires immediate medical attention and can cause death. You should talk to your doctor about alcohol use and all other medications you are taking to make sure that you can safely take them at the same time.

Can I take buprenorphine/naloxone (Suboxone®) if I am a young adult?

Yes. Most of the research on this medication has been done with adults, but researchers and doctors who have reviewed the scientific evidence agree that young adults can also benefit from buprenorphine/naloxone as a treatment approach.

59 <http://www.vch.ca/Documents/Bupnlx-Info-sheet-Final-Jan-7.pdf>